7941320182010010100

LIFE AND ACCIDENT AND HEALTH COMPANIES - ASSOCIATION EDITION

ANNUAL STATEMENT

FOR THE YEAR ENDED DECEMBER 31, 2018

OF THE CONDITION AND AFFAIRS OF THE

UnitedHealthcare Insurance Company

NAIC Group Code 0707 (Current) 0707 (Prior) NAIC Company Code 79413 Employer's ID Number 36-2739571

Organized under the Laws of Connecticut, State of Domicile or Port of Entry CT

Country of Domicile United States of America

Incorporated/Organized 03/24/1972 Commenced Business 04/11/1972

Statutory Home Office 185 Asylum Street (Street and Number), Hartford, CT, US 06103-3408 (City or Town, State, Country and Zip Code)

Main Administrative Office 185 Asylum Street (Street and Number)
Hartford, CT, US 06103-3408 (City or Town, State, Country and Zip Code), 877-832-7734 (Area Code) (Telephone Number)

Mail Address 185 Asylum Street (Street and Number or P.O. Box), Hartford, CT, US 06103-3408 (City or Town, State, Country and Zip Code)

Primary Location of Books and Records 185 Asylum Street (Street and Number)
Hartford, CT, US 06103-3408 (City or Town, State, Country and Zip Code), 860-702-6201 (Area Code) (Telephone Number)

Internet Website Address www.unitedhealthgroup.com

Statutory Statement Contact Peter A Tassinari (Name), 860-702-6201 (Area Code) (Telephone Number)
peter_a_tassinari@uhc.com (E-mail Address), 860-702-5792 (FAX Number)

OFFICERS

President	William John Golden #	Chief Financial Officer	James Francis Bedard
Secretary	Thomas Joseph McGuire	Treasurer	Peter Marshall Gill #

OTHER

Steven Marc Burstein, Assistant Secretary	Nyle Brent Cottington, Vice President	Gavin Guy Galimi #, Assistant Secretary
Gary Anthony Iannone, Chief Actuary	Heather Anastasia Lang, Assistant Secretary	Thomas Shaun McGlinch, Assistant Treasurer
Timothy John Noel, Assistant Treasurer	Thomas Edward Roos, Senior Vice President	Jessica Leigh Zuba, Assistant Secretary

DIRECTORS OR TRUSTEES

James Francis Bedard	Brian Douglas Brueckman #	Nyle Brent Cottington
William John Golden #	Paul Daniel Hansen	Gary Anthony Iannone
Thomas Shaun McGlinch	Timothy John Noel #	Thomas Edward Roos

State of
County of

State of
County of

State of
County of

The officers of this reporting entity being duly sworn, each depose and say that they are the described officers of said reporting entity, and that on the reporting period stated above, all of the herein described assets were the absolute property of the said reporting entity, free and clear from any liens or claims thereon, except as herein stated, and that this statement, together with related exhibits, schedules and explanations therein contained, annexed or referred to, is a full and true statement of all the assets and liabilities and of the condition and affairs of the said reporting entity as of the reporting period stated above, and of its income and deductions there from for the period ended, and have been completed in accordance with the NAIC Annual Statement Instructions and Accounting Practices and Procedures manual except to the extent that: (1) state law may differ; or, (2) that state rules or regulations require differences in reporting not related to accounting practices and procedures, according to the best of their information, knowledge and belief, respectively. Furthermore, the scope of this attestation by the described officers also includes the related corresponding electronic filing with the NAIC, when required, that is an exact copy (except for formatting differences due to electronic filing) of the enclosed statement. The electronic filing may be requested by various regulators in lieu of or in addition to the enclosed statement.

William John Golden	Thomas Joseph McGuire	James Francis Bedard
President	Secretary	Chief Financial Officer

Subscribed and sworn to before me this _____ day of _____

Subscribed and sworn to before me this _____ day of _____

Subscribed and sworn to before me this _____ day of _____

a. Is this an original filing?..... Yes [X] No [ ]

b. If no,

1. State the amendment number……..
2. Date filed……..



SUPPLEMENT FOR THE YEAR 2018 OF THE UnitedHealthcare Insurance Company

ACCIDENT AND HEALTH POLICY EXPERIENCE EXHIBIT FOR YEAR

United States Policy Forms Direct Business Only
For The Year Ended December 31, 2018
(To Be Filed By April 1)

NAIC Group Code 0707 NAIC Company Code 79413

	1 Premiums Earned	2 Incurred Claims Amount	3 Change in Contract Reserves	4 Loss Ratio (2+3)/1	5 Number of Policies or Certificates as of Dec. 31	6 Number of Covered Lives as of Dec. 31	7 Member Months
A. INDIVIDUAL BUSINESS							
1. Comprehensive Major Medical							
1.1 With Contract Reserves	0	0	0	0.0	0	0	0
1.2 Without Contract Reserves	5,941,246	2,643,349	0	44.5	5,342	10,158	117,531
1.3 Subtotal	5,941,246	2,643,349	0	44.5	5,342	10,158	117,531
2. Short-Term Medical							
2.1 With Contract Reserves	0	0	0	0.0	0	0	0
2.2 Without Contract Reserves	0	0	0	0.0	0	0	0
2.3 Subtotal	0	0	0	0.0	0	0	0
3. Other Medical (Non-Comprehensive)							
3.1 With Contract Reserves	0	0	0	0.0	0	0	0
3.2 Without Contract Reserves	0	0	0	0.0	0	0	0
3.3 Subtotal	0	0	0	0.0	0	0	0
4. Specified/Named Disease							
4.1 With Contract Reserves	0	0	0	0.0	0	0	0
4.2 Without Contract Reserves	0	0	0	0.0	0	0	0
4.3 Subtotal	0	0	0	0.0	0	0	0
5. Limited Benefit							
5.1 With Contract Reserves	0	0	0	0.0	0	0	0
5.2 Without Contract Reserves	0	0	0	0.0	0	0	0
5.3 Subtotal	0	0	0	0.0	0	0	0
6. Student							
6.1 With Contract Reserves	0	0	0	0.0	0	0	0
6.2 Without Contract Reserves	0	0	0	0.0	0	0	0
6.3 Subtotal	0	0	0	0.0	0	0	0
7. Accident Only or AD&D							
7.1 With Contract Reserves	0	0	0	0.0	0	0	0
7.2 Without Contract Reserves	0	0	0	0.0	0	0	0
7.3 Subtotal	0	0	0	0.0	0	0	0
8. Disability Income - Short - Term							
8.1 With Contract Reserves	0	0	0	0.0	0	0	0
8.2 Without Contract Reserves	0	0	0	0.0	0	0	0
8.3 Subtotal	0	0	0	0.0	0	0	0

ACCIDENT AND HEALTH POLICY EXPERIENCE EXHIBIT FOR YEAR

	1 Premiums Earned	2 Incurred Claims Amount	3 Change in Contract Reserves	4 Loss Ratio (2+3)/1	5 Number of Policies or Certificates as of Dec. 31	6 Number of Covered Lives as of Dec. 31	7 Member Months
A. INDIVIDUAL BUSINESS (Continued)							
9. Disability Income - Long - Term							
9.1 With Contract Reserves	0	0	0	0.0	0	0	0
9.2 Without Contract Reserves	0	0	0	0.0	0	0	0
9.3 Subtotal	0	0	0	0.0	0	0	0
10. Long-Term Care							
10.1 With Contract Reserves	0	0	0	0.0	0	0	0
10.2 Without Contract Reserves	0	0	0	0.0	0	0	0
10.3 Subtotal	0	0	0	0.0	0	0	0
11. Medicare Supplement (Medigap)							
11.1 With Contract Reserves	3,337,223,109	2,639,033,975	19,229,347	79.7	1,386,964	1,386,964	16,557,509
11.2 Without Contract Reserves	0	0	0	0.0	0	0	0
11.3 Subtotal	3,337,223,109	2,639,033,975	19,229,347	79.7	1,386,964	1,386,964	16,557,509
12. Dental							
12.1 With Contract Reserves	0	0	0	0.0	0	0	0
12.2 Without Contract Reserves	0	0	0	0.0	0	0	0
12.3 Subtotal	0	0	0	0.0	0	0	0
13. State Children's Health Insurance Program							
13.1 With Contract Reserves	0	0	0	0.0	0	0	0
13.2 Without Contract Reserves	0	0	0	0.0	0	0	0
13.3 Subtotal	0	0	0	0.0	0	0	0
14. Medicare							
14.1 With Contract Reserves	11,596,021,692	9,333,519,195	(2,746,697)	80.5	1,156,374	1,156,387	13,552,362
14.2 Without Contract Reserves	0	0	0	0.0	0	0	0
14.3 Subtotal	11,596,021,692	9,333,519,195	(2,746,697)	80.5	1,156,374	1,156,387	13,552,362
15. Medicaid							
15.1 With Contract Reserves	2,904,057,237	2,640,433,695	(5)	90.9	273,655	273,655	3,230,161
15.2 Without Contract Reserves	0	0	0	0.0	0	0	0
15.3 Subtotal	2,904,057,237	2,640,433,695	(5)	90.9	273,655	273,655	3,230,161
16. Medicare Part D - Stand-Alone							
16.1 With Contract Reserves	0	0	0	0.0	0	0	0
16.2 Without Contract Reserves	3,637,050,890	2,599,658,786	0	71.5	3,382,032	3,382,032	41,203,860
16.3 Subtotal	3,637,050,890	2,599,658,786	0	71.5	3,382,032	3,382,032	41,203,860
17. Other Individual Business							
17.1 With Contract Reserves	0	0	0	0.0	0	0	0
17.2 Without Contract Reserves	0	0	0	0.0	0	0	0
17.3 Subtotal	0	0	0	0.0	0	0	0
18. Total Individual Business							
18.1 With Contract Reserves	17,837,302,038	14,612,986,865	16,482,645	82.0	2,816,993	2,817,006	33,340,032
18.2 Without Contract Reserves	3,642,992,136	2,602,302,135	0	71.4	3,387,374	3,392,190	41,321,391
19. Grand Total Individual	21,480,294,174	17,215,289,000	16,482,645	80.2	6,204,367	6,209,196	74,661,423

ACCIDENT AND HEALTH POLICY EXPERIENCE EXHIBIT FOR YEAR

	1 Premiums Earned	2 Incurred Claims Amount	3 Change in Contract Reserves	4 Loss Ratio (2+3)/1	5 Number of Policies or Certificates as of Dec. 31	6 Number of Covered Lives as of Dec. 31	7 Member Months
B. GROUP BUSINESS							
Comprehensive Major Medical							
1. Single Employer							
1.1 Small Employer	6,601,096,591	4,986,367,129	0	75.5	678,545	1,192,393	13,970,965
1.2 Other Employer	15,144,723,618	12,301,431,354	(4,789)	81.2	1,820,789	3,300,976	40,098,493
1.3 Single Employer Subtotal	21,745,820,209	17,287,798,483	(4,789)	79.5	2,499,334	4,493,369	54,069,458
2. Multiple Employer Assns and Trusts	0	0	0	0.0	0	0	0
3. Other Associations and Discretionary Trusts	0	0	0	0.0	0	0	0
4. Other Comprehensive Major Medical	0	0	0	0.0	0	0	0
5. Comprehensive/Major Medical Subtotal	21,745,820,209	17,287,798,483	(4,789)	79.5	2,499,334	4,493,369	54,069,458
Other Medical (Non-Comprehensive)							
6. Specified/Named Disease	0	0	0	0.0	0	0	0
7. Limited Benefit	1,341,354,212	1,301,415,405	3,525,770	97.3	2,964,664	5,662,304	67,265,738
8. Student	691,436,133	541,115,897	0	78.3	348,552	359,124	4,135,606
9. Accident Only or AD&D	20,046,575	9,226,881	0	46.0	30,628	30,628	579,210
10. Disability Income - Short-term	33,319,754	20,600,837	0	61.8	19,389	19,389	1,971,547
11. Disability Income - Long-term	48,633,612	29,720,162	0	61.1	66,475	66,440	2,766,213
12. Long-Term Care	0	0	0	0.0	0	0	0
13. Medicare Supplement (Medigap)	6,627,853,693	5,241,223,167	38,190,224	79.7	2,754,567	2,754,565	32,883,852
14. Federal Employees Health Benefits Plans	175,447,414	157,589,416	0	89.8	18,553	39,133	422,170
15. Tricare	0	0	0	0.0	0	0	0
16. Dental	911,371,460	663,540,580	696,537	72.9	1,490,859	2,655,285	30,208,155
17. Medicare	0	0	0	0.0	0	0	0
18. Medicare Part D - Stand-Alone	103,853,330	42,061,505	0	40.5	216,259	216,259	2,561,595
19. Other Group Care	102,546,354	55,096,333	(874,837)	52.9	628,325	716,997	7,366,187
20. Grand Total Group Business	31,801,682,746	25,349,388,666	41,532,905	79.8	11,037,605	17,013,493	204,229,731
C. OTHER BUSINESS							
1. Credit (Individual and Group)	0	0	0	0.0	0	0	0
2. Stop Loss/Excess Loss	689,027,533	553,861,457	0	80.4	734,467	1,503,455	18,118,948
3. Administrative Services Only	XXX	XXX	XXX	XXX	162,533	189,492	2,266,012
4. Administrative Services Contracts	XXX	XXX	XXX	XXX	0	0	0
5. Grand Total Other Business	689,027,533	553,861,457	0	80.4	897,000	1,692,947	20,384,960
D. TOTAL BUSINESS							
1. Total Non U.S. Policy Forms	0	0	0	0.0	0	0	0
2. Grand Total Individual, Group and Other Business	53,971,004,453	43,118,539,123	58,015,550	80.0	18,138,972	24,915,636	299,276,114

ACCIDENT AND HEALTH POLICY EXPERIENCE EXHIBIT FOR YEAR

PART 1 – INDIVIDUAL POLICIES
SUMMARY

Description	1 Premiums Earned	2 Incurred Claims Amount	3 Change in Contract Reserves	4 Loss Ratio (2+3)/1
1. U.S. Forms Direct Business	21,480,294,174	17,215,289,000	16,482,644	80.2
2. Other Forms Direct Business	0	0	0	0.0
3. Total Direct Business	21,480,294,174	17,215,289,000	16,482,644	80.2
4. Reinsurance Assumed	1,748,988,604	1,389,004,640	0	79.4
5. Less Reinsurance Ceded	6,776	(149,838)	0	(2,211.3)
6. Total	23,229,276,002	18,604,443,478	16,482,644	80.2

PART 2 – GROUP POLICIES
SUMMARY

Description	1 Premiums Earned	2 Incurred Claims Amount	3 Change in Contract Reserves	4 Loss Ratio (2+3)/1
1. U.S. Forms Direct Business	32,490,710,278	25,903,250,125	41,532,906	79.9
2. Other Forms Direct Business	0	0	0	0.0
3. Total Direct Business	32,490,710,278	25,903,250,125	41,532,906	79.9
4. Reinsurance Assumed	632,116,903	516,835,796	0	81.8
5. Less Reinsurance Ceded	2,078,627,843	1,814,213,661	0	87.3
6. Total	31,044,199,338	24,605,872,260	41,532,906	79.4

PART 3 – CREDIT POLICIES (Individual and Group)
SUMMARY

Description	1 Premiums Earned	2 Incurred Claims Amount	3 Change in Contract Reserves	4 Loss Ratio (2+3)/1
1. U.S. Forms Direct Business	0	0	0	0.0
2. Other Forms Direct Business	0	0	0	0.0
3. Total Direct Business	0	0	0	0.0
4. Reinsurance Assumed	0	0	0	0.0
5. Less Reinsurance Ceded	0	0	0	0.0
6. Total	0	0	0	0.0

PART 4 – ALL INDIVIDUAL, GROUP AND CREDIT POLICIES
SUMMARY

Description	1 Premiums Earned	2 Incurred Claims Amount	3 Change in Contract Reserves	4 Loss Ratio (2+3)/1
1. U.S. Forms Direct Business	53,971,004,452	43,118,539,125	58,015,550	80.0
2. Other Forms Direct Business	0	0	0	0.0
3. Total Direct Business	53,971,004,452	43,118,539,125	58,015,550	80.0
4. Reinsurance Assumed	2,381,105,507	1,905,840,436	0	80.0
5. Less Reinsurance Ceded	2,078,634,619	1,814,063,823	0	87.3
6. Total	54,273,475,340	43,210,315,738	58,015,550	79.7

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SUPPLEMENT FOR THE YEAR 2018 OF THE UnitedHealthcare Insurance Company

SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 1

(To Be Filed by April 1 - Not for Rebate Purposes - See Cautionary Statement at http://www.naic.org/documents/committees_e_app_blanks_related_shce_cautionary_statement.pdf)

REPORT FOR: 1. CORPORATION UnitedHealthcare Insurance Company 2. 185 Asylum Street Hartford, CT 061033408 (LOCATION)

NAIC Group Code 0707 BUSINESS IN THE STATE OF Alabama DURING THE YEAR 2018 NAIC Company Code 79413

	Business Subject to MLR								9	10	11	12	13	14	15
	Comprehensive Health Coverage			Mini-Med Plans			Expatriate Plans								
	1 Individual	2 Small Group Employer	3 Large Group Employer	4 Individual	5 Small Group Employer	6 Large Group Employer	7 Small Group	8 Large Group	Student Health Plans	Government Business (excluded by statute)	Other Health Business	Medicare Advantage Part C and Medicare Part D Stand-Alone Subject to ACA	Subtotal (Cols. 1 through 12)	Uninsured Plans	Total 13 + 14
1. Premium:															
1.1 Health premiums earned (From Part 2, Line 1.11)	58,513	17,088,775	27,654,538	0	0	0	0	0	0	0	192,211,630	84,131,225	321,144,682	XXX	321,144,682
1.2 Federal high risk pools	0	0	0	0	0	0	0	0	0	0	0	0	0	XXX	0
1.3 State high risk pools	(212)	(53)	(28,076)	0	0	0	0	0	0	0	41,208	0	12,866	XXX	12,866
1.4 Premiums earned including state and federal high risk programs (Lines 1.1 + 1.2 + 1.3)	58,301	17,088,722	27,626,462	0	0	0	0	0	0	0	192,252,838	84,131,225	321,157,548	XXX	321,157,548
1.5 Federal taxes and federal assessments	(2,677)	882,289	1,275,205	0	0	0	0	0	0	11,937	5,154,270	8,344,961	15,665,984	702	15,666,687
1.6 State insurance, premium and other taxes (Similar local taxes of $ 26,207)	16,120	311,339	401,546	0	0	0	0	0	0	0	3,710,178	9,401	4,448,584	0	4,448,584
1.6a Community Benefit Expenditures (informational only)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
1.7 Regulatory authority licenses and fees	90	(21)	2,079	0	0	0	0	0	0	0	(17,892)	0	(15,745)	0	(15,745)
1.8 Adjusted Premiums Earned (Lines 1.4 - 1.5 - 1.6 - 1.7)	44,767	15,895,116	25,947,633	0	0	0	0	0	0	(11,937)	183,406,282	75,776,863	301,058,725	XXX	301,058,022
1.9 Net Assumed less Ceded reinsurance premiums earned	1,316	10,610	(2,839,395)	0	0	0	0	0	0	59,912	(54,742)	2,987,019	164,719	XXX	164,719
1.10 Other Adjustments due to MLR calculations - Premiums	0	8,464	70,524	0	0	0	0	0	0	0	16,787	1,391,249	1,487,024	XXX	1,487,024
1.11 Risk Revenue	0	0	0	0	0	0	0	0	0	0	0	0	0	XXX	0
1.12 Net adjusted premiums earned after reinsurance (Lines 1.8 + 1.9 + 1.10 + 1.11)	46,083	15,914,190	23,178,762	0	0	0	0	0	0	47,975	183,368,327	80,155,131	302,710,468	XXX	302,709,766
2. Claims:															
2.1 Incurred claims excluding prescription drugs	53,622	9,704,419	17,903,888	0	0	0	0	0	0	1	62,655,336	(1,979,035)	88,338,230	XXX	88,338,230
2.2 Prescription drugs	9,238	3,522,924	5,276,517	0	0	0	0	0	0	0	94,057,162	89,594,433	192,460,275	XXX	192,460,275
2.3 Pharmaceutical rebates	1,101	1,003,349	1,702,231	0	0	0	0	0	0	0	9,580	45,983,643	48,699,904	XXX	48,699,904
2.4 State stop loss, market stabilization and claim/census based assessments (informational only)	0	1,984	16,514	0	0	0	0	0	0	1	0	0	18,499	XXX	18,499
3. Incurred medical incentive pools and bonuses	0	4,578	14,171	0	0	0	0	0	0	0	0	1,152	19,901	XXX	19,901
4. Deductible Fraud and Abuse Detection/Recovery Expenses (for MLR use only)	0	510	12,939	0	0	0	0	0	0	0	0	83	13,532	0	13,532
5. 5.0 Total Incurred Claims (Lines 2.1 + 2.2 - 2.3 + 3) (From Part 2, Line 2.15)	61,759	12,228,572	21,492,345	0	0	0	0	0	0	1	156,702,919	41,632,906	232,118,502	XXX	232,118,502
5.1 Net Assumed less Ceded reinsurance claims incurred	0	0	(2,306,185)	0	0	0	0	0	0	0	97,215	0	(2,208,971)	XXX	(2,208,971)
5.2 Other Adjustments due to MLR calculations - Claims	0	0	0	0	0	0	0	0	0	0	0	0	0	XXX	0
5.3 Rebates paid	0	0	0	0	0	0	0	0	0	XXX	XXX	0	0	XXX	0
5.4 Estimated rebates unpaid prior year	0	0	0	0	0	0	0	0	0	XXX	XXX	0	0	XXX	0
5.5 Estimated rebates unpaid current year	0	0	0	0	0	0	0	0	0	XXX	XXX	0	0	XXX	0
5.6 Fee for service and co-pay revenue	0	0	0	0	0	0	0	0	0	0	0	0	0	XXX	0
5.7 Net incurred claims after reinsurance (Lines 5.0 + 5.1 + 5.2 + 5.3 - 5.4 + 5.5 - 5.6)	61,759	12,228,572	19,186,160	0	0	0	0	0	0	1	156,800,133	41,632,906	229,909,531	XXX	229,909,531
6. Improving Health Care Quality Expenses Incurred:															
6.1 Improve health outcomes	468	136,710	221,236	0	0	0	0	0	0	0	207,949	201,720	768,084	0	768,084
6.2 Activities to prevent hospital readmissions	0	0	0	0	0	0	0	0	0	0	90,414	39,945	130,359	0	130,359
6.3 Improve patient safety and reduce medical errors	0	0	0	0	0	0	0	0	0	0	68,751	441,143	509,895	0	509,895
6.4 Wellness and health promotion activities	0	0	0	0	0	0	0	0	0	0	627,773	(30,187)	597,586	0	597,586
6.5 Health Information Technology expenses related to health improvement	0	0	0	0	0	0	0	0	0	0	44,890	366,858	411,749	0	411,749
6.6 Total of Defined Expenses Incurred for Improving Health Care Quality (Lines 6.1+6.2+6.3+6.4+6.5)	468	136,710	221,236	0	0	0	0	0	0	0	1,039,778	1,019,479	2,417,671	0	2,417,671
7. Preliminary Medical Loss Ratio: MLR ((Lines 4 + 5.0 + 6.6 - Footnote 2.0)/Line 1.8	1.390	0.778	0.837	0.000	0.000	0.000	0.000	0.000	0.000	XXX	XXX	0.563	XXX	XXX	XXX
8. Claims Adjustment Expenses:															
8.1 Cost containment expenses not included in quality of care expenses in Line 6.6	833	222,883	339,819	0	0	0	0	0	0	0	96,634	2,719,155	3,379,324	0	3,379,324
8.2 All other claims adjustment expenses	4,464	348,345	503,630	0	0	0	0	0	0	0	1,377,554	8,604,605	10,838,598	0	10,838,598
8.3 Total claims adjustment expenses (Lines 8.1 + 8.2)	5,297	571,228	843,449	0	0	0	0	0	0	0	1,474,188	11,323,760	14,217,922	0	14,217,922
9. Claims Adjustment Expense Ratio (Line 8.3/Line 1.8)	0.118	0.036	0.033	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.008	0.149	XXX	XXX	XXX

SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 1 (Continued)

	Business Subject to MLR									10	11	12	13	14	15
	Comprehensive Health Coverage			Mini-Med Plans			Expatriate Plans		9						
	1 Individual	2 Small Group Employer	3 Large Group Employer	4 Individual	5 Small Group Employer	6 Large Group Employer	7 Small Group	8 Large Group	Student Health Plans	Government Business (excluded by statute)	Other Health Business	Medicare Advantage Part C and Medicare Part D Stand-Alone Subject to ACA	Subtotal (Cols. 1 through 12)	Uninsured Plans	Total 13 + 14
10. General and Administrative (G&A) Expenses:															
10.1 Direct sales salaries and benefits	100	76,439	138,968	0	0	0	0	0	0	0	169,381	106,348	491,236	0	491,236
10.2 Agents and brokers fees and commissions	316	486,649	277,425	0	0	0	0	0	0	0	3,294,737	598,160	4,657,287	0	4,657,287
10.3 Other taxes (excluding taxes on Lines 1.5 through 1.7 and Line 14 below)	(1,858)	77	44,067	0	0	0	0	0	0	0	212,063	168,868	423,217	0	423,217
10.4 Other general and administrative expenses	8,937	1,029,287	1,128,117	0	0	0	0	0	0	0	9,665,022	6,302,166	18,133,529	0	18,133,529
10.4a Community Benefit Expenditures (informational only)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
10.5 Total general and administrative (Lines 10.1 +10.2 + 10.3 + 10.4)	7,495	1,592,452	1,588,577	0	0	0	0	0	0	0	13,341,203	7,175,541	23,705,269	0	23,705,269
11. Underwriting Gain/(Loss) (Lines 1.12 - 5.7 - 6.6 - 8.3 - 10.5)	(28,936)	1,385,228	1,339,340	0	0	0	0	0	0	47,974	10,713,025	19,003,445	32,460,075	XXX	32,459,372
12. Income from fees of uninsured plans	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	3,525	3,525
13. Net investment and other gain/(loss)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	4,440,901	XXX	4,440,901
14. Federal income taxes (excluding taxes on Line 1.5 above)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	257,874	XXX	257,874
15. Net gain or (loss) (Lines 11 + 12 + 13 - 14)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	36,643,101	XXX	36,645,924
16. ICD-10 Implementation Expenses (informational only; already included in general expenses and line 10.4)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
16. 16a ICD-10 Implementation Expenses (informational only; already included in line 10.4)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
OTHER INDICATORS:															
1. Number of certificates/policies	19	2,081	3,302	0	0	0	0	0	0	0	65,349	40,091	110,842	0	110,842
2. Number of Covered Lives	21	3,596	6,197	0	0	0	0	0	0	0	90,479	40,091	140,384	0	140,384
3. Number of Groups	XXX	376	65	XXX	0	0	0	0	0	0	769	0	1,210	0	1,210
4. Member Months	265	50,535	69,912	0	0	0	0	0	0	0	1,117,750	493,420	1,731,882	0	1,731,882

Is run off business reported in Columns 1 through 9 or 12? Yes [ ] No [ ] If yes, show the amount of premiums and claims included. Premiums $ 0 Claims $ 0

216-2.AL

AFFORDABLE CARE ACT (ACA) RECEIPTS, PAYMENTS, RECEIVABLES and PAYABLES

	Current Year Comprehensive Health Coverage		Prior Year Comprehensive Health Coverage	
	1 Individual Plans	2 Small Group Employer Plans	3 Individual Plans	4 Small Group Employer Plans
ACA Receivables and Payables				
1. Permanent ACA Risk Adjustment Program 1.0 Premium adjustments receivable/(payable)	(57,106)	(1,348,515)	(12,113)	486,596
2. Transitional ACA Reinsurance Program 2.0 Total amounts recoverable for claims (paid & unpaid)	0	XXX	0	XXX
3. Temporary ACA Risk Corridors Program 3.1 Accrued retrospective premium	0	0	0	0
3.2 Reserve for rate credits or policy experience refunds	0	0	0	0
ACA Receipts and Payments				
4. Permanent ACA Risk Adjustment Program 4.0 Premium adjustments receipts/(payments)	(4,181)	742,162	(15,562)	(35,790)
5. Transitional ACA Reinsurance Program 5.0 Amounts received for claims	0	XXX	0	XXX
6. Temporary ACA Risk Corridors Program 6.1 Retrospective premium received	0	0	0	0
6.2 Rate credits or policy experience refunds paid	0	0	0	0

SUPPLEMENT FOR THE YEAR 2018 OF THE UnitedHealthcare Insurance Company

SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 2

(To Be Filed by April 1 - Not for Rebate Purposes)

REPORT FOR: 1. CORPORATION UnitedHealthcare Insurance Company 2. 185 Asylum Street Hartford, CT 061033408 (LOCATION)

NAIC Group Code 0707 BUSINESS IN THE STATE OF Alabama DURING THE YEAR 2018 NAIC Company Code 79413

	Business Subject to MLR												
	Comprehensive Health Coverage			Mini-Med Plans			Expatriate Plans:		9	10	11	12	13
	1	2	3	4	5	6	7	8					
	Individual	Small Group Employer	Large Group Employer	Individual	Small Group Employer	Large Group Employer	Small Group	Large Group	Student Health Plans	Government Business (excluded by statute)	Other Health Business	Medicare Advantage Part C and Medicare Part D Stand-Alone Subject to ACA	Total (a)
1. Health Premiums Earned:													
1.1 Direct premiums written	58,513	17,096,412	27,725,063	0	0	0	0	0	0	0	192,247,802	85,522,474	322,650,265
1.2 Unearned premium prior year	0	848	0	0	0	0	0	0	0	0	15,450	0	16,298
1.3 Unearned premium current year	0	21	0	0	0	0	0	0	0	0	34,835	0	34,856
1.4 Change in unearned premium (Lines 1.2 - 1.3)	0	826	0	0	0	0	0	0	0	0	(19,385)	0	(18,558)
1.5 Paid rate credits	(7,723)	0	0	0	0	0	0	0	0	0	(1,907,364)	7,019,467	5,104,380
1.6 Reserve for rate credits current year	0	0	0	0	0	0	0	0	0	0	12,070	2,467,764	2,479,834
1.7 Reserve for rate credits prior year	0	0	0	0	0	0	0	0	0	0	0	4,516,119	4,516,119
1.8 Change in reserve for rate credits (Lines 1.6 - 1.7)	0	0	0	0	0	0	0	0	0	0	12,070	(2,048,355)	(2,036,285)
1.9 Premium balances written off	0	8,464	70,524	0	0	0	0	0	0	0	16,787	1,391,249	1,487,024
1.10 Group conversion charge	0	0	0	0	0	0	0	0	0	0	0	0	0
1.11 Total direct premiums earned (Lines 1.1 + 1.4 - 1.9 + 1.10)	58,513	17,088,775	27,654,538	0	0	0	0	0	0	0	192,211,630	84,131,225	321,144,682
1.12 Assumed premiums earned from non-affiliates	0	0	0	0	0	0	0	0	0	0	0	0	0
1.13 Net Assumed less Ceded premiums earned from affiliates	1,316	10,610	1,745	0	0	0	0	0	0	59,912	1,084	2,987,019	3,061,686
1.14 Ceded premiums earned to non-affiliates	0	0	2,841,140	0	0	0	0	0	0	0	55,827	0	2,896,967
1.15 Other Adjustments due to MLR calculation - Premiums	0	8,464	70,524	0	0	0	0	0	0	0	16,787	1,391,249	1,487,024
1.16 Net premiums earned (Lines 1.11 - 1.5 - 1.8 + 1.12 + 1.13 - 1.14 + 1.15)	67,553	17,107,849	24,885,668	0	0	0	0	0	0	59,912	194,068,969	83,538,381	319,728,331
2. Direct Claims Incurred:													
2.1 Paid claims during the year	94,800	12,756,595	21,541,355	0	0	0	0	0	0	(52)	158,023,535	38,373,474	230,789,707
2.2 Direct claim liability current year	13,268	1,222,568	2,662,673	0	0	0	0	0	0	52	12,223,393	955,328	17,077,283
2.3 Direct claim liability prior year	14,184	1,839,826	2,978,919	0	0	0	0	0	0	0	11,583,252	3,509,492	19,925,673
2.4 Direct claim reserves current year	955	27,404	54,572	0	0	0	0	0	0	0	2,745,062	549	2,828,541
2.5 Direct claim reserves prior year	853	38,498	58,240	0	0	0	0	0	0	0	2,817,020	549	2,915,159
2.6 Direct contract reserves current year	97,116	0	0	0	0	0	0	0	0	0	80,218	0	177,335
2.7 Direct contract reserves prior year	121,212	0	0	0	0	0	0	0	0	0	71,169	0	192,381
2.8 Paid rate credits	(7,723)	0	0	0	0	0	0	0	0	0	(1,907,364)	7,019,467	5,104,380
2.9 Reserve for rate credits current year	0	0	0	0	0	0	0	0	0	0	12,070	2,467,764	2,479,834
2.10 Reserve for rate credits prior year	0	0	0	0	0	0	0	0	0	0	0	4,516,119	4,516,119
2.11 Incurred medical incentive pools and bonuses (Lines 2.11a + 2.11b - 2.11c)	0	4,578	14,171	0	0	0	0	0	0	0	0	1,152	19,901
2.11a Paid medical incentive pools and bonuses current year	0	1,367	6,229	0	0	0	0	0	0	0	0	26	7,622
2.11b Accrued medical incentive pools and bonuses current year	0	5,202	15,904	0	0	0	0	0	0	0	0	1,459	22,564
2.11c Accrued medical incentive pools and bonuses prior year	0	1,990	7,963	0	0	0	0	0	0	0	0	332	10,285
2.12 Net healthcare receivables (Lines 2.12a - 2.12b)	409	(95,750)	(256,734)	0	0	0	0	0	0	0	2,554	(841,332)	(1,190,853)
2.12a Healthcare receivables current year	409	362,653	703,473	0	0	0	0	0	0	0	12,919	22,991,407	24,070,862
2.12b Healthcare receivables prior year	0	458,404	960,207	0	0	0	0	0	0	0	10,365	23,832,739	25,261,715
2.13 Group conversion charge	0	0	0	0	0	0	0	0	0	0	0	0	0
2.14 Multi-option coverage blended rate adjustment	0	0	0	0	0	0	0	0	0	0	0	0	0
2.15 Total incurred claims (Lines 2.1 + 2.2 - 2.3 + 2.4 - 2.5 + 2.6 - 2.7 + 2.8 + 2.9 - 2.10 + 2.11 - 2.12 + 2.13 + 2.14)	61,759	12,228,572	21,492,345	0	0	0	0	0	0	1	156,702,919	41,632,906	232,118,502
2.16 Assumed incurred claims from non-affiliates	0	0	0	0	0	0	0	0	0	0	0	0	0
2.17 Net assumed less ceded incurred claims from affiliates	0	0	0	0	0	0	0	0	0	0	0	0	0
2.18 Ceded incurred claims to non-affiliates	0	0	2,306,185	0	0	0	0	0	0	0	(97,215)	0	2,208,971
2.19 Other adjustments due to MLR calculation - Claims	0	0	0	0	0	0	0	0	0	0	0	0	0
2.20 Net Incurred Claims (Lines 2.15 - 2.8 - 2.9 + 2.10 + 2.16 + 2.17 - 2.18 + 2.19)	69,482	12,228,572	19,186,160	0	0	0	0	0	0	1	158,695,427	36,661,794	226,841,436
3. Fraud and Abuse Recoveries that Reduced PAID Claims in Line 2.1 above (informational only)	0	510	12,939	0	0	0	0	0	0	0	0	13,829	27,277

(a) Column 13, Line 1.1 includes direct written premium of $ 2,484,571 for stand-alone dental and $ 2,722,831 for stand-alone vision policies.

SUPPLEMENT FOR THE YEAR 2018 OF THE UnitedHealthcare Insurance Company

SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 3

(To Be Filed by April 1 - Not for Rebate Purposes)

REPORT FOR: 1. CORPORATION UnitedHealthcare Insurance Company 2. 185 Asylum Street Hartford, CT 061033408 (LOCATION)

NAIC Group Code 0707 BUSINESS IN THE STATE OF Alabama DURING THE YEAR 2018 NAIC Company Code 79413

	All Expenses	Improving Health Care Quality Expenses						Claims Adjustment Expenses		9	10
		1 Improve Health Outcomes	2 Activities to Prevent Hospital Readmissions	3 Improve Patient Safety and Reduce Medical Errors	4 Wellness & Health Promotion Activities	5 HIT Expenses	6 Total (1 to 5)	7 Cost Containment Expenses	8 Other Claims Adjustment Expenses	General Administrative Expenses	Total Expenses (6 to 9)
1.	Individual Comprehensive Coverage Expenses:										
	1.1 Salaries (including $ 5,601 for affiliated services)	0	0	0	0	0	0	218	2,056	3,327	5,601
	1.2 Outsourced Services	0	0	0	0	0	0	98	96	133	326
	1.3 EDP Equipment and Software (incl $ 158 for affiliated services)	0	0	0	0	0	0	18	67	73	158
	1.4 Other Equipment (excl. EDP) (incl $ 15 for affiliated services)	0	0	0	0	0	0	2	6	1	9
	1.5 Accreditation and Certification (incl $ 2 for affiliated services)	0	XXX	XXX	XXX	XXX	0	0	1	1	2
	1.6 Other Expenses (incl $ 3,895 for affiliated services)	468	0	0	0	0	468	488	2,229	5,811	8,996
	1.7 Subtotal before Reimbursements and Taxes (Lines 1.1 to 1.6)	468	0	0	0	0	468	823	4,455	9,346	15,092
	1.8 Reimbursements by uninsured plans and fiscal intermediaries	0	0	0	0	0	0	0	0	0	0
	1.9 Taxes, Licenses and Fees (in total, for tying purposes)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	14,379	14,379
	1.10 Total (1.7 to 1.9)	468	0	0	0	0	468	823	4,455	23,725	29,471
	1.11 Total Fraud and Abuse Detection/Recovery Expenses included in Column 7 (informational only)	0	0	0	0	0	0	80	0	0	80
2.	Small Group Comprehensive Coverage Expenses:										
	2.1 Salaries (including $ 508,548 for affiliated services)	0	0	0	0	0	0	60,173	98,956	349,420	508,548
	2.2 Outsourced Services	0	0	0	0	0	0	11,653	11,341	36,317	59,310
	2.3 EDP Equipment and Software (incl $ 36,313 for affiliated services)	0	0	0	0	0	0	5,025	8,263	23,025	36,313
	2.4 Other Equipment (excl. EDP) (incl $ 3,486 for affiliated services)	0	0	0	0	0	0	482	793	2,210	3,486
	2.5 Accreditation and Certification (incl $ 378 for affiliated services)	0	XXX	XXX	XXX	XXX	0	52	86	240	378
	2.6 Other Expenses (incl $ 1,158,714 for affiliated services)	136,710	0	0	0	0	136,710	138,373	221,321	1,175,758	1,672,162
	2.7 Subtotal before Reimbursements and Taxes (Lines 2.1 to 2.6)	136,710	0	0	0	0	136,710	215,758	340,759	1,586,970	2,280,197
	2.8 Reimbursements by uninsured plans and fiscal intermediaries	0	0	0	0	0	0	0	0	0	0
	2.9 Taxes, Licenses and Fees (in total, for tying purposes)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	331,510	331,510
	2.10 Total (2.7 to 2.9)	136,710	0	0	0	0	136,710	215,758	340,759	1,918,480	2,611,707
	2.11 Total Fraud and Abuse Detection/Recovery Expenses included in Column 7 (informational only)	0	0	0	0	0	0	61,505	0	0	61,505
3.	Large Group Comprehensive Coverage Expenses:										
	3.1 Salaries (including $ 725,730 for affiliated services)	0	0	0	0	0	0	93,234	143,240	489,255	725,730
	3.2 Outsourced Services	0	0	0	0	0	0	12,546	16,416	43,232	72,194
	3.3 EDP Equipment and Software (incl $ 49,415 for affiliated services)	0	0	0	0	0	0	7,786	11,961	29,668	49,415
	3.4 Other Equipment (excl. EDP) (incl $ 4,743 for affiliated services)	0	0	0	0	0	0	747	1,148	2,848	4,743
	3.5 Accreditation and Certification (incl $ 515 for affiliated services)	0	XXX	XXX	XXX	XXX	0	81	125	309	515
	3.6 Other Expenses (incl $ 1,614,653 for affiliated services)	221,236	0	0	0	0	221,236	214,294	320,367	969,887	1,725,784
	3.7 Subtotal before Reimbursements and Taxes (Lines 3.1 to 3.6)	221,236	0	0	0	0	221,236	328,688	493,257	1,535,199	2,578,380
	3.8 Reimbursements by uninsured plans and fiscal intermediaries	0	0	0	0	0	0	0	0	0	0
	3.9 Taxes, Licenses and Fees (in total, for tying purposes)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	478,507	478,507
	3.10 Total (3.7 to 3.9)	221,236	0	0	0	0	221,236	328,688	493,257	2,013,706	3,056,887
	3.11 Total Fraud and Abuse Detection/Recovery Expenses included in Column 7 (informational only)	0	0	0	0	0	0	100,449	0	0	100,449

SUPPLEMENT FOR THE YEAR 2018 OF THE UnitedHealthcare Insurance Company

SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 3 (Continued)

	All Expenses	Improving Health Care Quality Expenses						Claims Adjustment Expenses		9	10
		1 Improve Health Outcomes	2 Activities to Prevent Hospital Readmissions	3 Improve Patient Safety and Reduce Medical Errors	4 Wellness & Health Promotion Activities	5 HIT Expenses	6 Total (1 to 5)	7 Cost Containment Expenses	8 Other Claims Adjustment Expenses	General Administrative Expenses	Total Expenses (6 to 9)
4.	Individual Mini-Med Plans Expenses:										
	4.1 Salaries (including $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	4.2 Outsourced Services	0	0	0	0	0	0	0	0	0	0
	4.3 EDP Equipment and Software (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	4.4 Other Equipment (excl. EDP) (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	4.5 Accreditation and Certification (incl $ 0 for affiliated services)	0	XXX	XXX	XXX	XXX	0	0	0	0	0
	4.6 Other Expenses (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	4.7 Subtotal before Reimbursements and Taxes (Lines 4.1 to 4.6)	0	0	0	0	0	0	0	0	0	0
	4.8 Reimbursements by uninsured plans and fiscal intermediaries	0	0	0	0	0	0	0	0	0	0
	4.9 Taxes, Licenses and Fees (in total, for tying purposes)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0
	4.10 Total (4.7 to 4.9)	0	0	0	0	0	0	0	0	0	0
	4.11 Total Fraud and Abuse Detection/Recovery Expenses included in Column 7 (informational only)	0	0	0	0	0	0	0	0	0	0
5.	Small Group Mini-Med Plans Expenses:										
	5.1 Salaries (including $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	5.2 Outsourced Services	0	0	0	0	0	0	0	0	0	0
	5.3 EDP Equipment and Software (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	5.4 Other Equipment (excl. EDP) (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	5.5 Accreditation and Certification (incl $ 0 for affiliated services)	0	XXX	XXX	XXX	XXX	0	0	0	0	0
	5.6 Other Expenses (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	5.7 Subtotal before Reimbursements and Taxes (Lines 5.1 to 5.6)	0	0	0	0	0	0	0	0	0	0
	5.8 Reimbursements by uninsured plans and fiscal intermediaries	0	0	0	0	0	0	0	0	0	0
	5.9 Taxes, Licenses and Fees (in total, for tying purposes)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0
	5.10 Total (5.7 to 5.9)	0	0	0	0	0	0	0	0	0	0
	5.11 Total Fraud and Abuse Detection/Recovery Expenses included in Column 7 (informational only)	0	0	0	0	0	0	0	0	0	0
6.	Large Group Mini-Med Plans Expenses:										
	6.1 Salaries (including $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	6.2 Outsourced Services	0	0	0	0	0	0	0	0	0	0
	6.3 EDP Equipment and Software (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	6.4 Other Equipment (excl. EDP) (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	6.5 Accreditation and Certification (incl $ 0 for affiliated services)	0	XXX	XXX	XXX	XXX	0	0	0	0	0
	6.6 Other Expenses (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	6.7 Subtotal before Reimbursements and Taxes (Lines 6.1 to 6.6)	0	0	0	0	0	0	0	0	0	0
	6.8 Reimbursements by uninsured plans and fiscal intermediaries	0	0	0	0	0	0	0	0	0	0
	6.9 Taxes, Licenses and Fees (in total, for tying purposes)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0
	6.10 Total (6.7 to 6.9)	0	0	0	0	0	0	0	0	0	0
	6.11 Total Fraud and Abuse Detection/Recovery Expenses included in Column 7 (informational only)	0	0	0	0	0	0	0	0	0	0

SUPPLEMENT FOR THE YEAR 2018 OF THE UnitedHealthcare Insurance Company

SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 3 (Continued)

	All Expenses	Improving Health Care Quality Expenses						Claims Adjustment Expenses		9	10
		1 Improve Health Outcomes	2 Activities to Prevent Hospital Readmissions	3 Improve Patient Safety and Reduce Medical Errors	4 Wellness & Health Promotion Activities	5 HIT Expenses	6 Total (1 to 5)	7 Cost Containment Expenses	8 Other Claims Adjustment Expenses	General Administrative Expenses	Total Expenses (6 to 9)
7.	Small Group Expatriate Plans Expenses:										
	7.1 Salaries (including $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	7.2 Outsourced Services	0	0	0	0	0	0	0	0	0	0
	7.3 EDP Equipment and Software (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	7.4 Other Equipment (excl. EDP) (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	7.5 Accreditation and Certification (incl $ 0 for affiliated services)	0	XXX	XXX	XXX	XXX	0	0	0	0	0
	7.6 Other Expenses (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	7.7 Subtotal before Reimbursements and Taxes (Lines 7.1 to 7.6)	0	0	0	0	0	0	0	0	0	0
	7.8 Reimbursements by uninsured plans and fiscal intermediaries	0	0	0	0	0	0	0	0	0	0
	7.9 Taxes, Licenses and Fees (in total, for tying purposes)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0
	7.10 Total (7.7 to 7.9)	0	0	0	0	0	0	0	0	0	0
	7.11 Total Fraud and Abuse Detection/Recovery Expenses included in Column 7 (informational only)	0	0	0	0	0	0	0	0	0	0
8.	Large Group Expatriate Plans Expenses:										
	8.1 Salaries (including $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	8.2 Outsourced Services	0	0	0	0	0	0	0	0	0	0
	8.3 EDP Equipment and Software (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	8.4 Other Equipment (excl. EDP) (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	8.5 Accreditation and Certification (incl $ 0 for affiliated services)	0	XXX	XXX	XXX	XXX	0	0	0	0	0
	8.6 Other Expenses (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	8.7 Subtotal before Reimbursements and Taxes (Lines 8.1 to 8.6)	0	0	0	0	0	0	0	0	0	0
	8.8 Reimbursements by uninsured plans and fiscal intermediaries	0	0	0	0	0	0	0	0	0	0
	8.9 Taxes, Licenses and Fees (in total, for tying purposes)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0
	8.10 Total (8.7 to 8.9)	0	0	0	0	0	0	0	0	0	0
	8.11 Total Fraud and Abuse Detection/Recovery Expenses included in Column 7 (informational only)	0	0	0	0	0	0	0	0	0	0
9.	Student Health Plans Expenses:										
	9.1 Salaries (including $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	9.2 Outsourced Services	0	0	0	0	0	0	0	0	0	0
	9.3 EDP Equipment and Software (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	9.4 Other Equipment (excl. EDP) (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	9.5 Accreditation and Certification (incl $ 0 for affiliated services)	0	XXX	XXX	XXX	XXX	0	0	0	0	0
	9.6 Other Expenses (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	9.7 Subtotal before Reimbursements and Taxes (Lines 9.1 to 9.6)	0	0	0	0	0	0	0	0	0	0
	9.8 Reimbursements by uninsured plans and fiscal intermediaries	0	0	0	0	0	0	0	0	0	0
	9.9 Taxes, Licenses and Fees (in total, for tying purposes)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0
	9.10 Total (9.7 to 9.9)	0	0	0	0	0	0	0	0	0	0
	9.11 Total Fraud and Abuse Detection/Recovery Expenses included in Column 7 (informational only)	0	0	0	0	0	0	0	0	0	0

SUPPLEMENT FOR THE YEAR 2018 OF THE UnitedHealthcare Insurance Company

SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 1

(To Be Filed by April 1 - Not for Rebate Purposes - See Cautionary Statement at http://www.naic.org/documents/committees_e_app_blanks_related_shce_cautionary_statement.pdf)

REPORT FOR: 1. CORPORATION UnitedHealthcare Insurance Company 2. 185 Asylum Street Hartford, CT 061033408 (LOCATION)

NAIC Group Code 0707 BUSINESS IN THE STATE OF Alaska DURING THE YEAR 2018 NAIC Company Code 79413

	Business Subject to MLR									10	11	12	13	14	15
	Comprehensive Health Coverage			Mini-Med Plans			Expatriate Plans		9						
	1 Individual	2 Small Group Employer	3 Large Group Employer	4 Individual	5 Small Group Employer	6 Large Group Employer	7 Small Group	8 Large Group	Student Health Plans	Government Business (excluded by statute)	Other Health Business	Medicare Advantage Part C and Medicare Part D Stand-Alone Subject to ACA	Subtotal (Cols. 1 through 12)	Uninsured Plans	Total 13 + 14
1. Premium:															
1.1 Health premiums earned (From Part 2, Line 1.11)	(62,590)	3,833,219	7,565,759	0	0	0	0	0	0	0	19,971,657	9,068,083	40,376,129	XXX	40,376,129
1.2 Federal high risk pools	0	0	0	0	0	0	0	0	0	0	0	0	0	XXX	0
1.3 State high risk pools	(1,530)	(52,819)	(762)	0	0	0	0	0	0	0	(155)	0	(55,266)	XXX	(55,266)
1.4 Premiums earned including state and federal high risk programs (Lines 1.1 + 1.2 + 1.3)	(64,120)	3,780,400	7,564,998	0	0	0	0	0	0	0	19,971,502	9,068,083	40,320,863	XXX	40,320,863
1.5 Federal taxes and federal assessments	(35,052)	154,493	286,820	0	0	0	0	0	0	(2,204)	140,330	312,246	856,634	0	856,634
1.6 State insurance, premium and other taxes (Similar local taxes of $ 3,820)	1,969	81,289	150,148	0	0	0	0	0	0	0	310,763	(2,456)	541,712	0	541,712
1.6a Community Benefit Expenditures (informational only)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
1.7 Regulatory authority licenses and fees	(1)	(31)	0	0	0	0	0	0	0	0	(4,871)	0	(4,902)	0	(4,902)
1.8 Adjusted Premiums Earned (Lines 1.4 - 1.5 - 1.6 - 1.7)	(31,037)	3,544,649	7,128,030	0	0	0	0	0	0	2,204	19,525,280	8,758,294	38,927,420	XXX	38,927,420
1.9 Net Assumed less Ceded reinsurance premiums earned	0	194	(1,454,877)	0	0	0	0	0	0	0	0	0	(1,454,683)	XXX	(1,454,683)
1.10 Other Adjustments due to MLR calculations - Premiums	0	0	1,067	0	0	0	0	0	0	0	26	120,932	122,024	XXX	122,024
1.11 Risk Revenue	0	0	0	0	0	0	0	0	0	0	0	0	0	XXX	0
1.12 Net adjusted premiums earned after reinsurance (Lines 1.8 + 1.9 + 1.10 + 1.11)	(31,037)	3,544,843	5,674,219	0	0	0	0	0	0	2,204	19,525,306	8,879,225	37,594,761	XXX	37,594,761
2. Claims:															
2.1 Incurred claims excluding prescription drugs	73,906	3,001,719	6,142,327	0	0	0	0	0	0	0	15,236,903	645,861	25,100,715	XXX	25,100,715
2.2 Prescription drugs	13,229	336,643	1,221,179	0	0	0	0	0	0	0	30,649	16,345,951	17,947,651	XXX	17,947,651
2.3 Pharmaceutical rebates	5,079	131,410	347,151	0	0	0	0	0	0	0	9,022	10,249,646	10,742,308	XXX	10,742,308
2.4 State stop loss, market stabilization and claim/census based assessments (informational only)	0	9,527	21,542	0	0	0	0	0	0	0	0	0	31,068	XXX	31,068
3. Incurred medical incentive pools and bonuses	0	165	2,683	0	0	0	0	0	0	0	0	(159)	2,689	XXX	2,689
4. Deductible Fraud and Abuse Detection/Recovery Expenses (for MLR use only)	0	27	51	0	0	0	0	0	0	0	0	0	78	0	78
5. 5.0 Total Incurred Claims (Lines 2.1 + 2.2 - 2.3 + 3) (From Part 2, Line 2.15)	82,056	3,207,116	7,019,038	0	0	0	0	0	0	0	15,258,530	6,742,007	32,308,747	XXX	32,308,747
5.1 Net Assumed less Ceded reinsurance claims incurred	0	(91,843)	(1,334,646)	0	0	0	0	0	0	0	(13,823)	0	(1,440,312)	XXX	(1,440,312)
5.2 Other Adjustments due to MLR calculations - Claims	0	0	0	0	0	0	0	0	0	0	0	0	0	XXX	0
5.3 Rebates paid	0	0	0	0	0	0	0	0	0	XXX	XXX	0	0	XXX	0
5.4 Estimated rebates unpaid prior year	0	0	0	0	0	0	0	0	0	XXX	XXX	0	0	XXX	0
5.5 Estimated rebates unpaid current year	0	0	0	0	0	0	0	0	0	XXX	XXX	0	0	XXX	0
5.6 Fee for service and co-pay revenue	0	0	0	0	0	0	0	0	0	0	0	0	0	XXX	0
5.7 Net incurred claims after reinsurance (Lines 5.0 + 5.1 + 5.2 + 5.3 - 5.4 + 5.5 - 5.6)	82,056	3,115,274	5,684,392	0	0	0	0	0	0	0	15,244,706	6,742,007	30,868,435	XXX	30,868,435
6. Improving Health Care Quality Expenses Incurred:															
6.1 Improve health outcomes	(501)	30,666	60,526	0	0	0	0	0	0	0	104,888	16,173	211,752	0	211,752
6.2 Activities to prevent hospital readmissions	0	0	0	0	0	0	0	0	0	0	85,977	4,033	90,011	0	90,011
6.3 Improve patient safety and reduce medical errors	0	0	0	0	0	0	0	0	0	0	64,133	36,548	100,681	0	100,681
6.4 Wellness and health promotion activities	0	0	0	0	0	0	0	0	0	0	174,722	(5,648)	169,074	0	169,074
6.5 Health Information Technology expenses related to health improvement	0	0	0	0	0	0	0	0	0	0	22,434	33,169	55,603	0	55,603
6.6 Total of Defined Expenses Incurred for Improving Health Care Quality (Lines 6.1+6.2+6.3+6.4+6.5)	(501)	30,666	60,526	0	0	0	0	0	0	0	452,155	84,275	627,121	0	627,121
7. Preliminary Medical Loss Ratio: MLR ((Lines 4 + 5.0 + 6.6 - Footnote 2.0)/Line 1.8	(2.628)	0.913	0.993	0.000	0.000	0.000	0.000	0.000	0.000	XXX	XXX	0.779	XXX	XXX	XXX
8. Claims Adjustment Expenses:															
8.1 Cost containment expenses not included in quality of care expenses in Line 6.6	546	25,620	74,534	0	0	0	0	0	0	0	8,974	258,622	368,296	0	368,296
8.2 All other claims adjustment expenses	835	27,440	68,552	0	0	0	0	0	0	0	327,893	771,220	1,195,940	0	1,195,940
8.3 Total claims adjustment expenses (Lines 8.1 + 8.2)	1,381	53,060	143,086	0	0	0	0	0	0	0	336,867	1,029,843	1,564,236	0	1,564,236
9. Claims Adjustment Expense Ratio (Line 8.3/Line 1.8)	(0.044)	0.015	0.020	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.017	0.118	XXX	XXX	XXX

SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 1 (Continued)

	Business Subject to MLR									10	11	12	13	14	15
	Comprehensive Health Coverage			Mini-Med Plans			Expatriate Plans		9			Medicare Advantage Part C and Medicare Part D Stand-Alone Subject to ACA			
	1 Individual	2 Small Group Employer	3 Large Group Employer	4 Individual	5 Small Group Employer	6 Large Group Employer	7 Small Group	8 Large Group	Student Health Plans	Government Business (excluded by statute)	Other Health Business		Subtotal (Cols. 1 through 12)	Uninsured Plans	Total 13 + 14
10. General and Administrative (G&A) Expenses:															
10.1 Direct sales salaries and benefits	186	7,300	24,030	0	0	0	0	0	0	0	30,328	22,294	84,137	0	84,137
10.2 Agents and brokers fees and commissions	5,194	179,260	31,468	0	0	0	0	0	0	0	810,646	24,991	1,051,559	0	1,051,559
10.3 Other taxes (excluding taxes on Lines 1.5 through 1.7 and Line 14 below)	(11)	1,125	5,994	0	0	0	0	0	0	0	39,483	17,569	64,161	0	64,161
10.4 Other general and administrative expenses	3,898	86,870	40,256	0	0	0	0	0	0	11,064	2,097,222	663,052	2,902,361	0	2,902,361
10.4a Community Benefit Expenditures (informational only)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
10.5 Total general and administrative (Lines 10.1 +10.2 + 10.3 + 10.4)	9,266	274,556	101,748	0	0	0	0	0	0	11,064	2,977,680	727,906	4,102,218	0	4,102,218
11. Underwriting Gain/(Loss) (Lines 1.12 - 5.7 - 6.6 - 8.3 - 10.5)	(123,240)	71,289	(315,532)	0	0	0	0	0	0	(8,859)	513,898	295,195	432,751	XXX	432,751
12. Income from fees of uninsured plans	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0
13. Net investment and other gain/(loss)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	495,551	XXX	495,551
14. Federal income taxes (excluding taxes on Line 1.5 above)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	28,817	XXX	28,817
15. Net gain or (loss) (Lines 11 + 12 + 13 - 14)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	899,485	XXX	899,485
16. ICD-10 Implementation Expenses (informational only; already included in general expenses and line 10.4)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
16. 16a ICD-10 Implementation Expenses (informational only; already included in line 10.4)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
OTHER INDICATORS:															
1. Number of certificates/policies	1	168	536	0	0	0	0	0	0	0	11,167	9,796	21,668	0	21,668
2. Number of Covered Lives	1	247	849	0	0	0	0	0	0	0	11,452	9,796	22,345	0	22,345
3. Number of Groups	XXX	39	17	XXX	0	0	0	0	0	0	43	0	99	0	99
4. Member Months	104	4,085	11,098	0	0	0	0	0	0	0	139,201	118,259	272,747	0	272,747

Is run off business reported in Columns 1 through 9 or 12? Yes [ ] No [ ] If yes, show the amount of premiums and claims included. Premiums $ 0 Claims $ 0

216-2.AK

AFFORDABLE CARE ACT (ACA) RECEIPTS, PAYMENTS, RECEIVABLES and PAYABLES

	Current Year Comprehensive Health Coverage		Prior Year Comprehensive Health Coverage	
	1 Individual Plans	2 Small Group Employer Plans	3 Individual Plans	4 Small Group Employer Plans
ACA Receivables and Payables				
1. Permanent ACA Risk Adjustment Program 1.0 Premium adjustments receivable/(payable)	(107,460)	193,029	(182,462)	(764,167)
2. Transitional ACA Reinsurance Program 2.0 Total amounts recoverable for claims (paid & unpaid)	0	XXX	0	XXX
3. Temporary ACA Risk Corridors Program 3.1 Accrued retrospective premium	0	0	0	0
3.2 Reserve for rate credits or policy experience refunds	0	0	0	0
ACA Receipts and Payments				
4. Permanent ACA Risk Adjustment Program 4.0 Premium adjustments receipts/(payments)	(241,206)	(700,321)	(75,636)	(727,519)
5. Transitional ACA Reinsurance Program 5.0 Amounts received for claims	0	XXX	0	XXX
6. Temporary ACA Risk Corridors Program 6.1 Retrospective premium received	0	0	0	0
6.2 Rate credits or policy experience refunds paid	0	0	0	0

SUPPLEMENT FOR THE YEAR 2018 OF THE UnitedHealthcare Insurance Company

SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 2

(To Be Filed by April 1 - Not for Rebate Purposes)

REPORT FOR: 1. CORPORATION UnitedHealthcare Insurance Company 2. 185 Asylum Street Hartford, CT 061033408 (LOCATION)

NAIC Group Code 0707 BUSINESS IN THE STATE OF Alaska DURING THE YEAR 2018 NAIC Company Code 79413

	Business Subject to MLR												
	Comprehensive Health Coverage			Mini-Med Plans			Expatriate Plans:		9	10	11	12	13
	1	2	3	4	5	6	7	8					
	Individual	Small Group Employer	Large Group Employer	Individual	Small Group Employer	Large Group Employer	Small Group	Large Group	Student Health Plans	Government Business (excluded by statute)	Other Health Business	Medicare Advantage Part C and Medicare Part D Stand-Alone Subject to ACA	Total (a)
1. Health Premiums Earned:													
1.1 Direct premiums written	(62,590)	3,833,408	7,566,826	0	0	0	0	0	0	0	19,971,683	9,189,015	40,498,342
1.2 Unearned premium prior year	0	0	0	0	0	0	0	0	0	0	12	0	12
1.3 Unearned premium current year	0	189	0	0	0	0	0	0	0	0	13	0	202
1.4 Change in unearned premium (Lines 1.2 - 1.3)	0	(189)	0	0	0	0	0	0	0	0	(1)	0	(189)
1.5 Paid rate credits	892	0	(892)	0	0	0	0	0	0	0	(935,967)	603,682	(332,285)
1.6 Reserve for rate credits current year	0	0	0	0	0	0	0	0	0	0	40	565,080	565,119
1.7 Reserve for rate credits prior year	0	0	0	0	0	0	0	0	0	0	1,567	521,981	523,548
1.8 Change in reserve for rate credits (Lines 1.6 - 1.7)	0	0	0	0	0	0	0	0	0	0	(1,527)	43,098	41,571
1.9 Premium balances written off	0	0	1,067	0	0	0	0	0	0	0	26	120,932	122,024
1.10 Group conversion charge	0	0	0	0	0	0	0	0	0	0	0	0	0
1.11 Total direct premiums earned (Lines 1.1 + 1.4 - 1.9 + 1.10)	(62,590)	3,833,219	7,565,759	0	0	0	0	0	0	0	19,971,657	9,068,083	40,376,129
1.12 Assumed premiums earned from non-affiliates	0	0	0	0	0	0	0	0	0	0	0	0	0
1.13 Net Assumed less Ceded premiums earned from affiliates	0	194	67	0	0	0	0	0	0	0	0	0	261
1.14 Ceded premiums earned to non-affiliates	0	0	1,454,944	0	0	0	0	0	0	0	0	0	1,454,944
1.15 Other Adjustments due to MLR calculation - Premiums	0	0	1,067	0	0	0	0	0	0	0	26	120,932	122,024
1.16 Net premiums earned (Lines 1.11 - 1.5 - 1.8 + 1.12 + 1.13 - 1.14 + 1.15)	(63,482)	3,833,413	6,112,841	0	0	0	0	0	0	0	20,909,177	8,542,235	39,334,184
2. Direct Claims Incurred:													
2.1 Paid claims during the year	81,164	3,163,252	8,245,747	0	0	0	0	0	0	0	16,079,235	6,685,192	34,254,591
2.2 Direct claim liability current year	0	356,821	555,380	0	0	0	0	0	0	0	2,361,109	202,275	3,475,585
2.3 Direct claim liability prior year	0	350,174	1,859,747	0	0	0	0	0	0	0	2,201,504	660,874	5,072,300
2.4 Direct claim reserves current year	0	18,794	3,926	0	0	0	0	0	0	0	782,109	0	804,829
2.5 Direct claim reserves prior year	0	18,216	27,815	0	0	0	0	0	0	0	758,426	0	804,456
2.6 Direct contract reserves current year	0	0	0	0	0	0	0	0	0	0	5,937	0	5,937
2.7 Direct contract reserves prior year	0	0	0	0	0	0	0	0	0	0	69,764	0	69,764
2.8 Paid rate credits	892	0	(892)	0	0	0	0	0	0	0	(935,967)	603,682	(332,285)
2.9 Reserve for rate credits current year	0	0	0	0	0	0	0	0	0	0	40	565,080	565,119
2.10 Reserve for rate credits prior year	0	0	0	0	0	0	0	0	0	0	1,567	521,981	523,548
2.11 Incurred medical incentive pools and bonuses (Lines 2.11a + 2.11b - 2.11c)	0	165	2,683	0	0	0	0	0	0	0	0	(159)	2,689
2.11a Paid medical incentive pools and bonuses current year	0	87	1,149	0	0	0	0	0	0	0	0	(159)	1,076
2.11b Accrued medical incentive pools and bonuses current year	0	88	6,217	0	0	0	0	0	0	0	0	187,867	194,172
2.11c Accrued medical incentive pools and bonuses prior year	0	10	4,683	0	0	0	0	0	0	0	0	187,867	192,559
2.12 Net healthcare receivables (Lines 2.12a - 2.12b)	0	(36,474)	(99,757)	0	0	0	0	0	0	0	2,674	131,208	(2,350)
2.12a Healthcare receivables current year	0	41,895	117,625	0	0	0	0	0	0	0	2,674	3,669,995	3,832,188
2.12b Healthcare receivables prior year	0	78,370	217,382	0	0	0	0	0	0	0	0	3,538,787	3,834,538
2.13 Group conversion charge	0	0	0	0	0	0	0	0	0	0	0	0	0
2.14 Multi-option coverage blended rate adjustment	0	0	0	0	0	0	0	0	0	0	0	0	0
2.15 Total incurred claims (Lines 2.1 + 2.2 - 2.3 + 2.4 - 2.5 + 2.6 - 2.7 + 2.8 + 2.9 - 2.10 + 2.11 - 2.12 + 2.13 + 2.14)	82,056	3,207,116	7,019,038	0	0	0	0	0	0	0	15,258,530	6,742,007	32,308,747
2.16 Assumed incurred claims from non-affiliates	0	0	0	0	0	0	0	0	0	0	0	0	0
2.17 Net assumed less ceded incurred claims from affiliates	0	(91,843)	50,344	0	0	0	0	0	0	0	0	0	(41,499)
2.18 Ceded incurred claims to non-affiliates	0	0	1,384,990	0	0	0	0	0	0	0	13,823	0	1,398,813
2.19 Other adjustments due to MLR calculation - Claims	0	0	0	0	0	0	0	0	0	0	0	0	0
2.20 Net Incurred Claims (Lines 2.15 - 2.8 - 2.9 + 2.10 + 2.16 + 2.17 - 2.18 + 2.19)	81,164	3,115,274	5,685,284	0	0	0	0	0	0	0	16,182,200	6,095,227	31,159,149
3. Fraud and Abuse Recoveries that Reduced PAID Claims in Line 2.1 above (informational only)	0	27	51	0	0	0	0	0	0	0	0	0	78

(a) Column 13, Line 1.1 includes direct written premium of $ 385,286 for stand-alone dental and $ 14,392 for stand-alone vision policies.

SUPPLEMENT FOR THE YEAR 2018 OF THE UnitedHealthcare Insurance Company

SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 3

(To Be Filed by April 1 - Not for Rebate Purposes)

REPORT FOR: 1. CORPORATION UnitedHealthcare Insurance Company 2. 185 Asylum Street Hartford, CT 061033408 (LOCATION)

NAIC Group Code 0707 BUSINESS IN THE STATE OF Alaska DURING THE YEAR 2018 NAIC Company Code 79413

	All Expenses	Improving Health Care Quality Expenses						Claims Adjustment Expenses		9	10
		1 Improve Health Outcomes	2 Activities to Prevent Hospital Readmissions	3 Improve Patient Safety and Reduce Medical Errors	4 Wellness & Health Promotion Activities	5 HIT Expenses	6 Total (1 to 5)	7 Cost Containment Expenses	8 Other Claims Adjustment Expenses	General Administrative Expenses	Total Expenses (6 to 9)
1.	Individual Comprehensive Coverage Expenses:										
	1.1 Salaries (including $ 1,383 for affiliated services)	0	0	0	0	0	0	153	237	992	1,383
	1.2 Outsourced Services	0	0	0	0	0	0	18	27	93	138
	1.3 EDP Equipment and Software (incl $ 101 for affiliated services)	0	0	0	0	0	0	13	20	68	101
	1.4 Other Equipment (excl. EDP) (incl $ 10 for affiliated services)	0	0	0	0	0	0	1	2	7	10
	1.5 Accreditation and Certification (incl $ 1 for affiliated services)	0	XXX	XXX	XXX	XXX	0	0	0	1	1
	1.6 Other Expenses (incl $ 3,187 for affiliated services)	(501)	0	0	0	0	(501)	343	530	8,104	8,477
	1.7 Subtotal before Reimbursements and Taxes (Lines 1.1 to 1.6)	(501)	0	0	0	0	(501)	528	817	9,264	10,108
	1.8 Reimbursements by uninsured plans and fiscal intermediaries	0	0	0	0	0	0	0	0	0	0
	1.9 Taxes, Licenses and Fees (in total, for tying purposes)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	2,006	2,006
	1.10 Total (1.7 to 1.9)	(501)	0	0	0	0	(501)	528	817	11,270	12,114
	1.11 Total Fraud and Abuse Detection/Recovery Expenses included in Column 7 (informational only)	0	0	0	0	0	0	150	0	0	150
2.	Small Group Comprehensive Coverage Expenses:										
	2.1 Salaries (including $ 52,058 for affiliated services)	0	0	0	0	0	0	6,829	8,892	36,336	52,058
	2.2 Outsourced Services	0	0	0	0	0	0	4,722	1,019	3,820	9,561
	2.3 EDP Equipment and Software (incl $ 3,675 for affiliated services)	0	0	0	0	0	0	570	743	2,363	3,675
	2.4 Other Equipment (excl. EDP) (incl $ 353 for affiliated services)	0	0	0	0	0	0	55	71	227	353
	2.5 Accreditation and Certification (incl $ 38 for affiliated services)	0	XXX	XXX	XXX	XXX	0	6	8	25	38
	2.6 Other Expenses (incl $ 104,506 for affiliated services)	30,666	0	0	0	0	30,666	12,757	15,982	230,144	289,550
	2.7 Subtotal before Reimbursements and Taxes (Lines 2.1 to 2.6)	30,666	0	0	0	0	30,666	24,940	26,715	272,914	355,235
	2.8 Reimbursements by uninsured plans and fiscal intermediaries	0	0	0	0	0	0	0	0	0	0
	2.9 Taxes, Licenses and Fees (in total, for tying purposes)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	84,304	84,304
	2.10 Total (2.7 to 2.9)	30,666	0	0	0	0	30,666	24,940	26,715	357,218	439,539
	2.11 Total Fraud and Abuse Detection/Recovery Expenses included in Column 7 (informational only)	0	0	0	0	0	0	5,897	0	0	5,897
3.	Large Group Comprehensive Coverage Expenses:										
	3.1 Salaries (including $ 103,817 for affiliated services)	0	0	0	0	0	0	14,097	18,376	71,345	103,817
	3.2 Outsourced Services	0	0	0	0	0	0	21,996	2,106	12,145	36,247
	3.3 EDP Equipment and Software (incl $ 6,819 for affiliated services)	0	0	0	0	0	0	1,177	1,534	4,107	6,819
	3.4 Other Equipment (excl. EDP) (incl $ 655 for affiliated services)	0	0	0	0	0	0	113	147	394	655
	3.5 Accreditation and Certification (incl $ 71 for affiliated services)	0	XXX	XXX	XXX	XXX	0	12	16	43	71
	3.6 Other Expenses (incl $ 248,285 for affiliated services)	60,526	0	0	0	0	60,526	35,441	45,004	6,173	147,145
	3.7 Subtotal before Reimbursements and Taxes (Lines 3.1 to 3.6)	60,526	0	0	0	0	60,526	72,837	67,184	94,208	294,754
	3.8 Reimbursements by uninsured plans and fiscal intermediaries	0	0	0	0	0	0	0	0	0	0
	3.9 Taxes, Licenses and Fees (in total, for tying purposes)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	160,754	160,754
	3.10 Total (3.7 to 3.9)	60,526	0	0	0	0	60,526	72,837	67,184	254,961	455,507
	3.11 Total Fraud and Abuse Detection/Recovery Expenses included in Column 7 (informational only)	0	0	0	0	0	0	16,016	0	0	16,016

SUPPLEMENT FOR THE YEAR 2018 OF THE UnitedHealthcare Insurance Company

SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 3 (Continued)

	All Expenses	Improving Health Care Quality Expenses						Claims Adjustment Expenses		9	10
		1 Improve Health Outcomes	2 Activities to Prevent Hospital Readmissions	3 Improve Patient Safety and Reduce Medical Errors	4 Wellness & Health Promotion Activities	5 HIT Expenses	6 Total (1 to 5)	7 Cost Containment Expenses	8 Other Claims Adjustment Expenses	General Administrative Expenses	Total Expenses (6 to 9)
4.	Individual Mini-Med Plans Expenses:										
	4.1 Salaries (including $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	4.2 Outsourced Services	0	0	0	0	0	0	0	0	0	0
	4.3 EDP Equipment and Software (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	4.4 Other Equipment (excl. EDP) (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	4.5 Accreditation and Certification (incl $ 0 for affiliated services)	0	XXX	XXX	XXX	XXX	0	0	0	0	0
	4.6 Other Expenses (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	4.7 Subtotal before Reimbursements and Taxes (Lines 4.1 to 4.6)	0	0	0	0	0	0	0	0	0	0
	4.8 Reimbursements by uninsured plans and fiscal intermediaries	0	0	0	0	0	0	0	0	0	0
	4.9 Taxes, Licenses and Fees (in total, for tying purposes)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0
	4.10 Total (4.7 to 4.9)	0	0	0	0	0	0	0	0	0	0
	4.11 Total Fraud and Abuse Detection/Recovery Expenses included in Column 7 (informational only)	0	0	0	0	0	0	0	0	0	0
5.	Small Group Mini-Med Plans Expenses:										
	5.1 Salaries (including $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	5.2 Outsourced Services	0	0	0	0	0	0	0	0	0	0
	5.3 EDP Equipment and Software (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	5.4 Other Equipment (excl. EDP) (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	5.5 Accreditation and Certification (incl $ 0 for affiliated services)	0	XXX	XXX	XXX	XXX	0	0	0	0	0
	5.6 Other Expenses (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	5.7 Subtotal before Reimbursements and Taxes (Lines 5.1 to 5.6)	0	0	0	0	0	0	0	0	0	0
	5.8 Reimbursements by uninsured plans and fiscal intermediaries	0	0	0	0	0	0	0	0	0	0
	5.9 Taxes, Licenses and Fees (in total, for tying purposes)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0
	5.10 Total (5.7 to 5.9)	0	0	0	0	0	0	0	0	0	0
	5.11 Total Fraud and Abuse Detection/Recovery Expenses included in Column 7 (informational only)	0	0	0	0	0	0	0	0	0	0
6.	Large Group Mini-Med Plans Expenses:										
	6.1 Salaries (including $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	6.2 Outsourced Services	0	0	0	0	0	0	0	0	0	0
	6.3 EDP Equipment and Software (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	6.4 Other Equipment (excl. EDP) (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	6.5 Accreditation and Certification (incl $ 0 for affiliated services)	0	XXX	XXX	XXX	XXX	0	0	0	0	0
	6.6 Other Expenses (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	6.7 Subtotal before Reimbursements and Taxes (Lines 6.1 to 6.6)	0	0	0	0	0	0	0	0	0	0
	6.8 Reimbursements by uninsured plans and fiscal intermediaries	0	0	0	0	0	0	0	0	0	0
	6.9 Taxes, Licenses and Fees (in total, for tying purposes)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0
	6.10 Total (6.7 to 6.9)	0	0	0	0	0	0	0	0	0	0
	6.11 Total Fraud and Abuse Detection/Recovery Expenses included in Column 7 (informational only)	0	0	0	0	0	0	0	0	0	0

SUPPLEMENT FOR THE YEAR 2018 OF THE UnitedHealthcare Insurance Company

SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 3 (Continued)

	All Expenses	Improving Health Care Quality Expenses						Claims Adjustment Expenses		9	10
		1 Improve Health Outcomes	2 Activities to Prevent Hospital Readmissions	3 Improve Patient Safety and Reduce Medical Errors	4 Wellness & Health Promotion Activities	5 HIT Expenses	6 Total (1 to 5)	7 Cost Containment Expenses	8 Other Claims Adjustment Expenses	General Administrative Expenses	Total Expenses (6 to 9)
7.	Small Group Expatriate Plans Expenses:										
	7.1 Salaries (including $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	7.2 Outsourced Services	0	0	0	0	0	0	0	0	0	0
	7.3 EDP Equipment and Software (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	7.4 Other Equipment (excl. EDP) (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	7.5 Accreditation and Certification (incl $ 0 for affiliated services)	0	XXX	XXX	XXX	XXX	0	0	0	0	0
	7.6 Other Expenses (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	7.7 Subtotal before Reimbursements and Taxes (Lines 7.1 to 7.6)	0	0	0	0	0	0	0	0	0	0
	7.8 Reimbursements by uninsured plans and fiscal intermediaries	0	0	0	0	0	0	0	0	0	0
	7.9 Taxes, Licenses and Fees (in total, for tying purposes)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0
	7.10 Total (7.7 to 7.9)	0	0	0	0	0	0	0	0	0	0
	7.11 Total Fraud and Abuse Detection/Recovery Expenses included in Column 7 (informational only)	0	0	0	0	0	0	0	0	0	0
8.	Large Group Expatriate Plans Expenses:										
	8.1 Salaries (including $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	8.2 Outsourced Services	0	0	0	0	0	0	0	0	0	0
	8.3 EDP Equipment and Software (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	8.4 Other Equipment (excl. EDP) (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	8.5 Accreditation and Certification (incl $ 0 for affiliated services)	0	XXX	XXX	XXX	XXX	0	0	0	0	0
	8.6 Other Expenses (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	8.7 Subtotal before Reimbursements and Taxes (Lines 8.1 to 8.6)	0	0	0	0	0	0	0	0	0	0
	8.8 Reimbursements by uninsured plans and fiscal intermediaries	0	0	0	0	0	0	0	0	0	0
	8.9 Taxes, Licenses and Fees (in total, for tying purposes)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0
	8.10 Total (8.7 to 8.9)	0	0	0	0	0	0	0	0	0	0
	8.11 Total Fraud and Abuse Detection/Recovery Expenses included in Column 7 (informational only)	0	0	0	0	0	0	0	0	0	0
9.	Student Health Plans Expenses:										
	9.1 Salaries (including $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	9.2 Outsourced Services	0	0	0	0	0	0	0	0	0	0
	9.3 EDP Equipment and Software (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	9.4 Other Equipment (excl. EDP) (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	9.5 Accreditation and Certification (incl $ 0 for affiliated services)	0	XXX	XXX	XXX	XXX	0	0	0	0	0
	9.6 Other Expenses (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	9.7 Subtotal before Reimbursements and Taxes (Lines 9.1 to 9.6)	0	0	0	0	0	0	0	0	0	0
	9.8 Reimbursements by uninsured plans and fiscal intermediaries	0	0	0	0	0	0	0	0	0	0
	9.9 Taxes, Licenses and Fees (in total, for tying purposes)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0
	9.10 Total (9.7 to 9.9)	0	0	0	0	0	0	0	0	0	0
	9.11 Total Fraud and Abuse Detection/Recovery Expenses included in Column 7 (informational only)	0	0	0	0	0	0	0	0	0	0

SUPPLEMENT FOR THE YEAR 2018 OF THE UnitedHealthcare Insurance Company

SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 1

(To Be Filed by April 1 - Not for Rebate Purposes - See Cautionary Statement at http://www.naic.org/documents/committees_e_app_blanks_related_shce_cautionary_statement.pdf)

REPORT FOR: 1. CORPORATION UnitedHealthcare Insurance Company 2. 185 Asylum Street Hartford, CT 061033408 (LOCATION)

NAIC Group Code 0707 BUSINESS IN THE STATE OF Arizona DURING THE YEAR 2018 NAIC Company Code 79413

	Business Subject to MLR								9	10	11	12	13	14	15
	Comprehensive Health Coverage			Mini-Med Plans			Expatriate Plans								
	1 Individual	2 Small Group Employer	3 Large Group Employer	4 Individual	5 Small Group Employer	6 Large Group Employer	7 Small Group	8 Large Group	Student Health Plans	Government Business (excluded by statute)	Other Health Business	Medicare Advantage Part C and Medicare Part D Stand-Alone Subject to ACA	Subtotal (Cols. 1 through 12)	Uninsured Plans	Total 13 + 14
1. Premium:															
1.1 Health premiums earned (From Part 2, Line 1.11)	5,673,845	428,413,380	536,901,485	0	0	0	0	0	0	0	476,217,958	167,831,505	1,615,038,173	XXX	1,615,038,173
1.2 Federal high risk pools	0	0	0	0	0	0	0	0	0	0	0	0	0	XXX	0
1.3 State high risk pools	(3,380)	(15,393)	(75,706)	0	0	0	0	0	0	0	188,514	0	94,034	XXX	94,034
1.4 Premiums earned including state and federal high risk programs (Lines 1.1 + 1.2 + 1.3)	5,670,464	428,397,987	536,825,779	0	0	0	0	0	0	0	476,406,472	167,831,505	1,615,132,206	XXX	1,615,132,206
1.5 Federal taxes and federal assessments	(64,452)	14,266,650	12,762,447	0	0	0	0	0	0	0	7,207,830	7,320,401	41,492,876	0	41,492,876
1.6 State insurance, premium and other taxes (Similar local taxes of $ 185,493)	104,727	(333,014)	4,742,808	0	0	0	0	0	0	0	2,898,252	19,970	7,432,743	0	7,432,743
1.6a Community Benefit Expenditures (informational only)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
1.7 Regulatory authority licenses and fees	1,405	4,094	12,213	0	0	0	0	0	0	0	(79,432)	22	(61,698)	0	(61,698)
1.8 Adjusted Premiums Earned (Lines 1.4 - 1.5 - 1.6 - 1.7)	5,628,784	414,460,257	519,308,311	0	0	0	0	0	0	0	466,379,822	160,491,112	1,566,268,285	XXX	1,566,268,286
1.9 Net Assumed less Ceded reinsurance premiums earned	70	19,371	(58,341,161)	0	0	0	0	0	0	0	(855,827)	2,372,088	(56,805,460)	XXX	(56,805,460)
1.10 Other Adjustments due to MLR calculations - Premiums	0	132,476	28,436	0	0	0	0	0	0	0	5,189	528,336	694,437	XXX	694,437
1.11 Risk Revenue	0	0	0	0	0	0	0	0	0	0	0	0	0	XXX	0
1.12 Net adjusted premiums earned after reinsurance (Lines 1.8 + 1.9 + 1.10 + 1.11)	5,628,853	414,612,104	460,995,585	0	0	0	0	0	0	0	465,529,184	163,391,535	1,510,157,262	XXX	1,510,157,262
2. Claims:															
2.1 Incurred claims excluding prescription drugs	4,863,066	286,713,392	396,616,161	0	0	0	0	0	0	0	340,184,240	45,806,769	1,074,183,627	XXX	1,074,183,627
2.2 Prescription drugs	1,065,962	71,363,688	90,751,045	0	0	0	0	0	0	0	43,413,846	177,282,354	383,876,895	XXX	383,876,895
2.3 Pharmaceutical rebates	291,243	21,230,946	28,131,765	0	0	0	0	0	0	0	221,032	93,218,502	143,093,488	XXX	143,093,488
2.4 State stop loss, market stabilization and claim/census based assessments (informational only)	11	233,298	388,144	0	0	0	0	0	0	0	651	0	622,105	XXX	622,105
3. Incurred medical incentive pools and bonuses	174	(42,952)	(368,003)	0	0	0	0	0	0	0	(1,378)	(448,651)	(860,810)	XXX	(860,810)
4. Deductible Fraud and Abuse Detection/Recovery Expenses (for MLR use only)	2	263,030	271,870	0	0	0	0	0	0	0	0	2,717	537,619	0	537,619
5. 5.0 Total Incurred Claims (Lines 2.1 + 2.2 - 2.3 + 3) (From Part 2, Line 2.15)	5,637,958	336,803,184	458,867,437	0	0	0	0	0	0	0	383,375,676	129,421,969	1,314,106,224	XXX	1,314,106,224
5.1 Net Assumed less Ceded reinsurance claims incurred	0	0	(49,257,927)	0	0	0	0	0	0	0	(482,412)	0	(49,740,338)	XXX	(49,740,338)
5.2 Other Adjustments due to MLR calculations - Claims	0	0	0	0	0	0	0	0	0	0	0	0	0	XXX	0
5.3 Rebates paid	0	0	0	0	0	0	0	0	0	XXX	XXX	0	0	XXX	0
5.4 Estimated rebates unpaid prior year	0	0	0	0	0	0	0	0	0	XXX	XXX	0	0	XXX	0
5.5 Estimated rebates unpaid current year	0	0	0	0	0	0	0	0	0	XXX	XXX	0	0	XXX	0
5.6 Fee for service and co-pay revenue	0	0	0	0	0	0	0	0	0	0	0	0	0	XXX	0
5.7 Net incurred claims after reinsurance (Lines 5.0 + 5.1 + 5.2 + 5.3 - 5.4 + 5.5 - 5.6)	5,637,958	336,803,184	409,609,510	0	0	0	0	0	0	0	382,893,264	129,421,969	1,264,365,886	XXX	1,264,365,886
6. Improving Health Care Quality Expenses Incurred:															
6.1 Improve health outcomes	45,391	3,427,307	4,295,212	0	0	0	0	0	0	0	1,569,492	407,385	9,744,787	0	9,744,787
6.2 Activities to prevent hospital readmissions	0	0	0	0	0	0	0	0	0	0	625,667	138,136	763,803	0	763,803
6.3 Improve patient safety and reduce medical errors	0	0	0	0	0	0	0	0	0	0	464,136	363,472	827,609	0	827,609
6.4 Wellness and health promotion activities	0	0	0	0	0	0	0	0	0	0	3,157,121	(40,152)	3,116,969	0	3,116,969
6.5 Health Information Technology expenses related to health improvement	0	0	0	0	0	0	0	0	0	0	373,976	488,063	862,039	0	862,039
6.6 Total of Defined Expenses Incurred for Improving Health Care Quality (Lines 6.1+6.2+6.3+6.4+6.5)	45,391	3,427,307	4,295,212	0	0	0	0	0	0	0	6,190,392	1,356,905	15,315,207	0	15,315,207
7. Preliminary Medical Loss Ratio: MLR ((Lines 4 + 5.0 + 6.6 - Footnote 2.0)/Line 1.8	1.010	0.822	0.892	0.000	0.000	0.000	0.000	0.000	0.000	XXX	XXX	0.815	XXX	XXX	XXX
8. Claims Adjustment Expenses:															
8.1 Cost containment expenses not included in quality of care expenses in Line 6.6	51,857	5,563,036	6,875,124	0	0	0	0	0	0	0	848,121	1,452,059	14,790,198	0	14,790,198
8.2 All other claims adjustment expenses	98,739	7,735,044	9,054,103	0	0	0	0	0	0	0	6,265,645	6,159,538	29,313,069	0	29,313,069
8.3 Total claims adjustment expenses (Lines 8.1 + 8.2)	150,596	13,298,080	15,929,227	0	0	0	0	0	0	0	7,113,766	7,611,598	44,103,267	0	44,103,267
9. Claims Adjustment Expense Ratio (Line 8.3/Line 1.8)	0.027	0.032	0.031	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.015	0.047	XXX	XXX	XXX

SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 1 (Continued)

	Business Subject to MLR									10	11	12	13	14	15
	Comprehensive Health Coverage			Mini-Med Plans			Expatriate Plans		9						
	1 Individual	2 Small Group Employer	3 Large Group Employer	4 Individual	5 Small Group Employer	6 Large Group Employer	7 Small Group	8 Large Group	Student Health Plans	Government Business (excluded by statute)	Other Health Business	Medicare Advantage Part C and Medicare Part D Stand-Alone Subject to ACA	Subtotal (Cols. 1 through 12)	Uninsured Plans	Total 13 + 14
10. General and Administrative (G&A) Expenses:															
10.1 Direct sales salaries and benefits	16,425	1,820,251	2,654,643	0	0	0	0	0	0	0	993,191	343,057	5,827,566	0	5,827,566
10.2 Agents and brokers fees and commissions	162,910	17,679,546	11,813,723	0	0	0	0	0	0	0	16,034,833	1,864,283	47,555,295	0	47,555,295
10.3 Other taxes (excluding taxes on Lines 1.5 through 1.7 and Line 14 below)	4,517	555,205	816,849	0	0	0	0	0	0	0	681,295	306,967	2,364,833	0	2,364,833
10.4 Other general and administrative expenses	329,632	23,331,212	20,663,845	0	0	0	0	0	0	0	35,614,610	9,282,506	89,221,805	0	89,221,805
10.4a Community Benefit Expenditures (informational only)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
10.5 Total general and administrative (Lines 10.1 +10.2 + 10.3 + 10.4)	513,484	43,386,213	35,949,060	0	0	0	0	0	0	0	53,323,929	11,796,812	144,969,498	0	144,969,499
11. Underwriting Gain/(Loss) (Lines 1.12 - 5.7 - 6.6 - 8.3 - 10.5)	(718,575)	17,697,321	(4,787,425)	0	0	0	0	0	0	0	16,007,833	13,204,251	41,403,404	XXX	41,403,404
12. Income from fees of uninsured plans	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0
13. Net investment and other gain/(loss)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	25,115,090	XXX	25,115,090
14. Federal income taxes (excluding taxes on Line 1.5 above)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1,309,849	XXX	1,309,849
15. Net gain or (loss) (Lines 11 + 12 + 13 - 14)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	65,208,645	XXX	65,208,645
16. ICD-10 Implementation Expenses (informational only; already included in general expenses and line 10.4)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
16. 16a ICD-10 Implementation Expenses (informational only; already included in line 10.4)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
OTHER INDICATORS:															
1. Number of certificates/policies	604	49,433	68,786	0	0	0	0	0	0	0	374,868	126,420	620,111	0	620,111
2. Number of Covered Lives	965	87,165	116,170	0	0	0	0	0	0	0	472,524	126,420	803,244	0	803,244
3. Number of Groups	XXX	9,982	1,778	XXX	0	0	0	0	0	0	5,575	3	17,338	0	17,338
4. Member Months	11,564	1,019,276	1,371,616	0	0	0	0	0	0	0	5,712,524	1,510,157	9,625,137	0	9,625,137

Is run off business reported in Columns 1 through 9 or 12? Yes [ ] No [ ] If yes, show the amount of premiums and claims included. Premiums $ 0 Claims $ 0

216-2.AZ

AFFORDABLE CARE ACT (ACA) RECEIPTS, PAYMENTS, RECEIVABLES and PAYABLES

	Current Year Comprehensive Health Coverage		Prior Year Comprehensive Health Coverage	
	1 Individual Plans	2 Small Group Employer Plans	3 Individual Plans	4 Small Group Employer Plans
ACA Receivables and Payables				
1. Permanent ACA Risk Adjustment Program 1.0 Premium adjustments receivable/(payable)	105,637	11,945,913	109,793	13,306,059
2. Transitional ACA Reinsurance Program 2.0 Total amounts recoverable for claims (paid & unpaid)	0	XXX	0	XXX
3. Temporary ACA Risk Corridors Program 3.1 Accrued retrospective premium	0	0	0	0
3.2 Reserve for rate credits or policy experience refunds	0	0	0	0
ACA Receipts and Payments				
4. Permanent ACA Risk Adjustment Program 4.0 Premium adjustments receipts/(payments)	72,777	13,976,507	(81,792)	5,439,249
5. Transitional ACA Reinsurance Program 5.0 Amounts received for claims	0	XXX	0	XXX
6. Temporary ACA Risk Corridors Program 6.1 Retrospective premium received	0	0	0	0
6.2 Rate credits or policy experience refunds paid	0	0	0	0

SUPPLEMENT FOR THE YEAR 2018 OF THE UnitedHealthcare Insurance Company

SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 2

(To Be Filed by April 1 - Not for Rebate Purposes)

REPORT FOR: 1. CORPORATION UnitedHealthcare Insurance Company 2. 185 Asylum Street Hartford, CT 061033408 (LOCATION)

NAIC Group Code 0707 BUSINESS IN THE STATE OF Arizona DURING THE YEAR 2018 NAIC Company Code 79413

	Business Subject to MLR												
	Comprehensive Health Coverage			Mini-Med Plans			Expatriate Plans:		9	10	11	12	13
	1 Individual	2 Small Group Employer	3 Large Group Employer	4 Individual	5 Small Group Employer	6 Large Group Employer	7 Small Group	8 Large Group	Student Health Plans	Government Business (excluded by statute)	Other Health Business	Medicare Advantage Part C and Medicare Part D Stand-Alone Subject to ACA	Total (a)
1. Health Premiums Earned:													
1.1 Direct premiums written	5,673,845	428,552,420	536,960,644	0	0	0	0	0	0	0	476,217,526	168,359,840	1,615,764,274
1.2 Unearned premium prior year	0	15,149	(40,251)	0	0	0	0	0	0	0	13,195	0	(11,908)
1.3 Unearned premium current year	0	21,712	(9,528)	0	0	0	0	0	0	0	7,573	0	19,757
1.4 Change in unearned premium (Lines 1.2 - 1.3)	0	(6,564)	(30,723)	0	0	0	0	0	0	0	5,622	0	(31,665)
1.5 Paid rate credits	(1,416,172)	0	1,869,951	0	0	0	0	0	0	0	(2,875,145)	6,044,187	3,622,821
1.6 Reserve for rate credits current year	0	0	1,161,617	0	0	0	0	0	0	0	4,969,531	1,629,496	7,760,644
1.7 Reserve for rate credits prior year	0	0	2,058,055	0	0	0	0	0	0	0	654,184	6,038,065	8,750,304
1.8 Change in reserve for rate credits (Lines 1.6 - 1.7)	0	0	(896,438)	0	0	0	0	0	0	0	4,315,347	(4,408,569)	(989,660)
1.9 Premium balances written off	0	132,476	28,436	0	0	0	0	0	0	0	5,189	528,336	694,437
1.10 Group conversion charge	0	0	0	0	0	0	0	0	0	0	0	0	0
1.11 Total direct premiums earned (Lines 1.1 + 1.4 - 1.9 + 1.10)	5,673,845	428,413,380	536,901,485	0	0	0	0	0	0	0	476,217,958	167,831,505	1,615,038,173
1.12 Assumed premiums earned from non-affiliates	0	0	0	0	0	0	0	0	0	0	169,676	0	169,676
1.13 Net Assumed less Ceded premiums earned from affiliates	70	19,371	26,473	0	0	0	0	0	0	0	89,229	2,372,088	2,507,230
1.14 Ceded premiums earned to non-affiliates	0	0	58,367,634	0	0	0	0	0	0	0	1,114,732	0	59,482,366
1.15 Other Adjustments due to MLR calculation - Premiums	0	132,476	28,436	0	0	0	0	0	0	0	5,189	528,336	694,437
1.16 Net premiums earned (Lines 1.11 - 1.5 - 1.8 + 1.12 + 1.13 - 1.14 + 1.15)	7,090,086	428,565,227	477,615,247	0	0	0	0	0	0	0	473,927,118	169,096,310	1,556,293,988
2. Direct Claims Incurred:													
2.1 Paid claims during the year	7,499,457	336,898,626	454,111,777	0	0	0	0	0	0	(1,179,100)	373,246,436	133,521,725	1,304,098,921
2.2 Direct claim liability current year	202,121	40,169,696	56,507,921	0	0	0	0	0	0	(2,910,651)	44,912,591	6,782,008	145,663,686
2.3 Direct claim liability prior year	346,777	39,928,741	53,947,309	0	0	0	0	0	0	(4,089,751)	37,723,048	9,374,088	137,230,213
2.4 Direct claim reserves current year	24,766	1,091,807	1,425,192	0	0	0	0	0	0	0	14,190,713	6,368	16,738,845
2.5 Direct claim reserves prior year	35,842	920,378	1,240,640	0	0	0	0	0	0	0	12,727,242	3,101	14,927,202
2.6 Direct contract reserves current year	1,109,170	0	0	0	0	0	0	0	0	0	287,160	0	1,396,330
2.7 Direct contract reserves prior year	1,392,760	0	0	0	0	0	0	0	0	0	242,259	0	1,635,019
2.8 Paid rate credits	(1,416,172)	0	1,869,951	0	0	0	0	0	0	0	(2,875,145)	6,044,187	3,622,821
2.9 Reserve for rate credits current year	0	0	1,161,617	0	0	0	0	0	0	0	4,969,531	1,629,496	7,760,644
2.10 Reserve for rate credits prior year	0	0	2,058,055	0	0	0	0	0	0	0	654,184	6,038,065	8,750,304
2.11 Incurred medical incentive pools and bonuses (Lines 2.11a + 2.11b - 2.11c)	174	(42,952)	(368,003)	0	0	0	0	0	0	0	(1,378)	(448,651)	(860,810)
2.11a Paid medical incentive pools and bonuses current year	0	42,166	135,161	0	0	0	0	0	0	0	(1,541)	4,913	180,698
2.11b Accrued medical incentive pools and bonuses current year	174	365,876	950,158	0	0	0	0	0	0	0	206	319,318	1,635,732
2.11c Accrued medical incentive pools and bonuses prior year	0	450,993	1,453,323	0	0	0	0	0	0	0	43	772,881	2,677,240
2.12 Net healthcare receivables (Lines 2.12a - 2.12b)	6,179	464,875	(1,404,988)	0	0	0	0	0	0	0	7,500	2,697,909	1,771,475
2.12a Healthcare receivables current year	6,501	9,219,057	10,251,585	0	0	0	0	0	0	0	135,302	33,989,197	53,601,642
2.12b Healthcare receivables prior year	322	8,754,182	11,656,573	0	0	0	0	0	0	0	127,803	31,291,288	51,830,167
2.13 Group conversion charge	0	0	0	0	0	0	0	0	0	0	0	0	0
2.14 Multi-option coverage blended rate adjustment	0	0	0	0	0	0	0	0	0	0	0	0	0
2.15 Total incurred claims (Lines 2.1 + 2.2 - 2.3 + 2.4 - 2.5 + 2.6 - 2.7 + 2.8 + 2.9 - 2.10 + 2.11 - 2.12 + 2.13 + 2.14)	5,637,958	336,803,184	458,867,437	0	0	0	0	0	0	0	383,375,676	129,421,969	1,314,106,224
2.16 Assumed incurred claims from non-affiliates	0	0	0	0	0	0	0	0	0	0	175,394	0	175,394
2.17 Net assumed less ceded incurred claims from affiliates	0	0	0	0	0	0	0	0	0	0	0	0	0
2.18 Ceded incurred claims to non-affiliates	0	0	49,257,927	0	0	0	0	0	0	0	657,805	0	49,915,732
2.19 Other adjustments due to MLR calculation - Claims	0	0	0	0	0	0	0	0	0	0	0	0	0
2.20 Net Incurred Claims (Lines 2.15 - 2.8 - 2.9 + 2.10 + 2.16 + 2.17 - 2.18 + 2.19)	7,054,130	336,803,184	408,635,998	0	0	0	0	0	0	0	381,453,062	127,786,351	1,261,732,725
3. Fraud and Abuse Recoveries that Reduced PAID Claims in Line 2.1 above (informational only)	2	263,030	271,870	0	0	0	0	0	0	0	0	2,717	537,619

(a) Column 13, Line 1.1 includes direct written premium of $ 22,421,652 for stand-alone dental and $ 6,629,854 for stand-alone vision policies.

SUPPLEMENT FOR THE YEAR 2018 OF THE UnitedHealthcare Insurance Company

SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 3

(To Be Filed by April 1 - Not for Rebate Purposes)

REPORT FOR: 1. CORPORATION UnitedHealthcare Insurance Company 2. 185 Asylum Street Hartford, CT 061033408 (LOCATION)

NAIC Group Code 0707 BUSINESS IN THE STATE OF Arizona DURING THE YEAR 2018 NAIC Company Code 79413

	All Expenses	Improving Health Care Quality Expenses						Claims Adjustment Expenses		9	10
		1 Improve Health Outcomes	2 Activities to Prevent Hospital Readmissions	3 Improve Patient Safety and Reduce Medical Errors	4 Wellness & Health Promotion Activities	5 HIT Expenses	6 Total (1 to 5)	7 Cost Containment Expenses	8 Other Claims Adjustment Expenses	General Administrative Expenses	Total Expenses (6 to 9)
1.	Individual Comprehensive Coverage Expenses:										
	1.1 Salaries (including $ 166,398 for affiliated services)	0	0	0	0	0	0	14,495	36,871	115,032	166,398
	1.2 Outsourced Services	0	0	0	0	0	0	2,053	2,635	8,456	13,144
	1.3 EDP Equipment and Software (incl $ 9,142 for affiliated services)	0	0	0	0	0	0	1,210	1,884	6,048	9,142
	1.4 Other Equipment (excl. EDP) (incl $ 878 for affiliated services)	0	0	0	0	0	0	116	181	515	811
	1.5 Accreditation and Certification (incl $ 95 for affiliated services)	0	XXX	XXX	XXX	XXX	0	13	20	63	95
	1.6 Other Expenses (incl $ 277,159 for affiliated services)	45,391	0	0	0	0	45,391	32,439	55,520	377,691	511,041
	1.7 Subtotal before Reimbursements and Taxes (Lines 1.1 to 1.6)	45,391	0	0	0	0	45,391	50,327	97,110	507,805	700,632
	1.8 Reimbursements by uninsured plans and fiscal intermediaries	0	0	0	0	0	0	0	0	0	0
	1.9 Taxes, Licenses and Fees (in total, for tying purposes)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	114,970	114,970
	1.10 Total (1.7 to 1.9)	45,391	0	0	0	0	45,391	50,327	97,110	622,775	815,602
	1.11 Total Fraud and Abuse Detection/Recovery Expenses included in Column 7 (informational only)	0	0	0	0	0	0	13,194	0	0	13,194
2.	Small Group Comprehensive Coverage Expenses:										
	2.1 Salaries (including $ 11,517,790 for affiliated services)	0	0	0	0	0	0	1,424,676	2,193,705	7,899,409	11,517,790
	2.2 Outsourced Services	0	0	0	0	0	0	551,389	251,403	914,427	1,717,218
	2.3 EDP Equipment and Software (incl $ 815,256 for affiliated services)	0	0	0	0	0	0	118,967	183,185	513,104	815,256
	2.4 Other Equipment (excl. EDP) (incl $ 78,255 for affiliated services)	0	0	0	0	0	0	11,419	17,584	49,252	78,255
	2.5 Accreditation and Certification (incl $ 8,497 for affiliated services)	0	XXX	XXX	XXX	XXX	0	1,240	1,909	5,348	8,497
	2.6 Other Expenses (incl $ 26,246,656 for affiliated services)	3,427,307	0	0	0	0	3,427,307	3,285,452	4,906,366	33,320,740	44,939,865
	2.7 Subtotal before Reimbursements and Taxes (Lines 2.1 to 2.6)	3,427,307	0	0	0	0	3,427,307	5,393,143	7,554,150	42,702,281	59,076,882
	2.8 Reimbursements by uninsured plans and fiscal intermediaries	0	0	0	0	0	0	0	0	0	0
	2.9 Taxes, Licenses and Fees (in total, for tying purposes)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	705,798	705,798
	2.10 Total (2.7 to 2.9)	3,427,307	0	0	0	0	3,427,307	5,393,143	7,554,150	43,408,078	59,782,679
	2.11 Total Fraud and Abuse Detection/Recovery Expenses included in Column 7 (informational only)	0	0	0	0	0	0	1,467,054	0	0	1,467,054
3.	Large Group Comprehensive Coverage Expenses:										
	3.1 Salaries (including $ 13,439,760 for affiliated services)	0	0	0	0	0	0	1,801,795	2,572,118	9,065,847	13,439,760
	3.2 Outsourced Services	0	0	0	0	0	0	545,683	294,770	948,643	1,789,095
	3.3 EDP Equipment and Software (incl $ 908,579 for affiliated services)	0	0	0	0	0	0	150,458	214,784	543,337	908,579
	3.4 Other Equipment (excl. EDP) (incl $ 87,213 for affiliated services)	0	0	0	0	0	0	14,442	20,617	52,154	87,213
	3.5 Accreditation and Certification (incl $ 9,470 for affiliated services)	0	XXX	XXX	XXX	XXX	0	1,568	2,239	5,663	9,470
	3.6 Other Expenses (incl $ 30,662,177 for affiliated services)	4,295,212	0	0	0	0	4,295,212	4,144,343	5,752,712	24,336,529	38,528,796
	3.7 Subtotal before Reimbursements and Taxes (Lines 3.1 to 3.6)	4,295,212	0	0	0	0	4,295,212	6,658,290	8,857,239	34,952,172	54,762,913
	3.8 Reimbursements by uninsured plans and fiscal intermediaries	0	0	0	0	0	0	(11)	2	8	0
	3.9 Taxes, Licenses and Fees (in total, for tying purposes)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	6,165,608	6,165,608
	3.10 Total (3.7 to 3.9)	4,295,212	0	0	0	0	4,295,212	6,658,279	8,857,241	41,117,788	60,928,520
	3.11 Total Fraud and Abuse Detection/Recovery Expenses included in Column 7 (informational only)	0	0	0	0	0	0	1,970,333	0	0	1,970,333

SUPPLEMENT FOR THE YEAR 2018 OF THE UnitedHealthcare Insurance Company

SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 3 (Continued)

	All Expenses	Improving Health Care Quality Expenses						Claims Adjustment Expenses		9	10
		1 Improve Health Outcomes	2 Activities to Prevent Hospital Readmissions	3 Improve Patient Safety and Reduce Medical Errors	4 Wellness & Health Promotion Activities	5 HIT Expenses	6 Total (1 to 5)	7 Cost Containment Expenses	8 Other Claims Adjustment Expenses	General Administrative Expenses	Total Expenses (6 to 9)
4.	Individual Mini-Med Plans Expenses:										
	4.1 Salaries (including $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	4.2 Outsourced Services	0	0	0	0	0	0	0	0	0	0
	4.3 EDP Equipment and Software (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	4.4 Other Equipment (excl. EDP) (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	4.5 Accreditation and Certification (incl $ 0 for affiliated services)	0	XXX	XXX	XXX	XXX	0	0	0	0	0
	4.6 Other Expenses (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	4.7 Subtotal before Reimbursements and Taxes (Lines 4.1 to 4.6)	0	0	0	0	0	0	0	0	0	0
	4.8 Reimbursements by uninsured plans and fiscal intermediaries	0	0	0	0	0	0	0	0	0	0
	4.9 Taxes, Licenses and Fees (in total, for tying purposes)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0
	4.10 Total (4.7 to 4.9)	0	0	0	0	0	0	0	0	0	0
	4.11 Total Fraud and Abuse Detection/Recovery Expenses included in Column 7 (informational only)	0	0	0	0	0	0	0	0	0	0
5.	Small Group Mini-Med Plans Expenses:										
	5.1 Salaries (including $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	5.2 Outsourced Services	0	0	0	0	0	0	0	0	0	0
	5.3 EDP Equipment and Software (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	5.4 Other Equipment (excl. EDP) (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	5.5 Accreditation and Certification (incl $ 0 for affiliated services)	0	XXX	XXX	XXX	XXX	0	0	0	0	0
	5.6 Other Expenses (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	5.7 Subtotal before Reimbursements and Taxes (Lines 5.1 to 5.6)	0	0	0	0	0	0	0	0	0	0
	5.8 Reimbursements by uninsured plans and fiscal intermediaries	0	0	0	0	0	0	0	0	0	0
	5.9 Taxes, Licenses and Fees (in total, for tying purposes)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0
	5.10 Total (5.7 to 5.9)	0	0	0	0	0	0	0	0	0	0
	5.11 Total Fraud and Abuse Detection/Recovery Expenses included in Column 7 (informational only)	0	0	0	0	0	0	0	0	0	0
6.	Large Group Mini-Med Plans Expenses:										
	6.1 Salaries (including $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	6.2 Outsourced Services	0	0	0	0	0	0	0	0	0	0
	6.3 EDP Equipment and Software (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	6.4 Other Equipment (excl. EDP) (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	6.5 Accreditation and Certification (incl $ 0 for affiliated services)	0	XXX	XXX	XXX	XXX	0	0	0	0	0
	6.6 Other Expenses (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	6.7 Subtotal before Reimbursements and Taxes (Lines 6.1 to 6.6)	0	0	0	0	0	0	0	0	0	0
	6.8 Reimbursements by uninsured plans and fiscal intermediaries	0	0	0	0	0	0	0	0	0	0
	6.9 Taxes, Licenses and Fees (in total, for tying purposes)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0
	6.10 Total (6.7 to 6.9)	0	0	0	0	0	0	0	0	0	0
	6.11 Total Fraud and Abuse Detection/Recovery Expenses included in Column 7 (informational only)	0	0	0	0	0	0	0	0	0	0

SUPPLEMENT FOR THE YEAR 2018 OF THE UnitedHealthcare Insurance Company

SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 3 (Continued)

	All Expenses	Improving Health Care Quality Expenses						Claims Adjustment Expenses		9	10
		1 Improve Health Outcomes	2 Activities to Prevent Hospital Readmissions	3 Improve Patient Safety and Reduce Medical Errors	4 Wellness & Health Promotion Activities	5 HIT Expenses	6 Total (1 to 5)	7 Cost Containment Expenses	8 Other Claims Adjustment Expenses	General Administrative Expenses	Total Expenses (6 to 9)
7.	Small Group Expatriate Plans Expenses:										
	7.1 Salaries (including $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	7.2 Outsourced Services	0	0	0	0	0	0	0	0	0	0
	7.3 EDP Equipment and Software (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	7.4 Other Equipment (excl. EDP) (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	7.5 Accreditation and Certification (incl $ 0 for affiliated services)	0	XXX	XXX	XXX	XXX	0	0	0	0	0
	7.6 Other Expenses (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	7.7 Subtotal before Reimbursements and Taxes (Lines 7.1 to 7.6)	0	0	0	0	0	0	0	0	0	0
	7.8 Reimbursements by uninsured plans and fiscal intermediaries	0	0	0	0	0	0	0	0	0	0
	7.9 Taxes, Licenses and Fees (in total, for tying purposes)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0
	7.10 Total (7.7 to 7.9)	0	0	0	0	0	0	0	0	0	0
	7.11 Total Fraud and Abuse Detection/Recovery Expenses included in Column 7 (informational only)	0	0	0	0	0	0	0	0	0	0
8.	Large Group Expatriate Plans Expenses:										
	8.1 Salaries (including $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	8.2 Outsourced Services	0	0	0	0	0	0	0	0	0	0
	8.3 EDP Equipment and Software (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	8.4 Other Equipment (excl. EDP) (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	8.5 Accreditation and Certification (incl $ 0 for affiliated services)	0	XXX	XXX	XXX	XXX	0	0	0	0	0
	8.6 Other Expenses (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	8.7 Subtotal before Reimbursements and Taxes (Lines 8.1 to 8.6)	0	0	0	0	0	0	0	0	0	0
	8.8 Reimbursements by uninsured plans and fiscal intermediaries	0	0	0	0	0	0	0	0	0	0
	8.9 Taxes, Licenses and Fees (in total, for tying purposes)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0
	8.10 Total (8.7 to 8.9)	0	0	0	0	0	0	0	0	0	0
	8.11 Total Fraud and Abuse Detection/Recovery Expenses included in Column 7 (informational only)	0	0	0	0	0	0	0	0	0	0
9.	Student Health Plans Expenses:										
	9.1 Salaries (including $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	9.2 Outsourced Services	0	0	0	0	0	0	0	0	0	0
	9.3 EDP Equipment and Software (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	9.4 Other Equipment (excl. EDP) (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	9.5 Accreditation and Certification (incl $ 0 for affiliated services)	0	XXX	XXX	XXX	XXX	0	0	0	0	0
	9.6 Other Expenses (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	9.7 Subtotal before Reimbursements and Taxes (Lines 9.1 to 9.6)	0	0	0	0	0	0	0	0	0	0
	9.8 Reimbursements by uninsured plans and fiscal intermediaries	0	0	0	0	0	0	0	0	0	0
	9.9 Taxes, Licenses and Fees (in total, for tying purposes)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0
	9.10 Total (9.7 to 9.9)	0	0	0	0	0	0	0	0	0	0
	9.11 Total Fraud and Abuse Detection/Recovery Expenses included in Column 7 (informational only)	0	0	0	0	0	0	0	0	0	0

SUPPLEMENT FOR THE YEAR 2018 OF THE UnitedHealthcare Insurance Company

SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 1

(To Be Filed by April 1 - Not for Rebate Purposes - See Cautionary Statement at http://www.naic.org/documents/committees_e_app_blanks_related_shce_cautionary_statement.pdf)

REPORT FOR: 1. CORPORATION UnitedHealthcare Insurance Company 2. 185 Asylum Street Hartford, CT 061033408 (LOCATION)

NAIC Group Code 0707 BUSINESS IN THE STATE OF Arkansas DURING THE YEAR 2018 NAIC Company Code 79413

	Business Subject to MLR														
	Comprehensive Health Coverage			Mini-Med Plans			Expatriate Plans		9	10	11	12	13	14	15
	1 Individual	2 Small Group Employer	3 Large Group Employer	4 Individual	5 Small Group Employer	6 Large Group Employer	7 Small Group	8 Large Group	Student Health Plans	Government Business (excluded by statute)	Other Health Business	Medicare Advantage Part C and Medicare Part D Stand-Alone Subject to ACA	Subtotal (Cols. 1 through 12)	Uninsured Plans	Total 13 + 14
1. Premium:															
1.1 Health premiums earned (From Part 2, Line 1.11)	242,446	28,048,548	90,464,258	0	0	0	0	0	0	0	53,951,664	22,849,672	195,556,588	XXX	195,556,588
1.2 Federal high risk pools	0	0	0	0	0	0	0	0	0	0	0	0	0	XXX	0
1.3 State high risk pools	(506)	(2,391)	(8,062)	0	0	0	0	0	0	0	23,924	0	12,966	XXX	12,966
1.4 Premiums earned including state and federal high risk programs (Lines 1.1 + 1.2 + 1.3)	241,940	28,046,157	90,456,196	0	0	0	0	0	0	0	53,975,588	22,849,672	195,569,554	XXX	195,569,554
1.5 Federal taxes and federal assessments	12,517	1,447,016	4,022,634	0	0	0	0	0	0	0	195,949	1,167,224	6,845,339	0	6,845,339
1.6 State insurance, premium and other taxes (Similar local taxes of $ 23,997)	16,602	643,265	2,011,740	0	0	0	0	0	0	0	951,787	2,909	3,626,303	0	3,626,303
1.6a Community Benefit Expenditures (informational only)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
1.7 Regulatory authority licenses and fees	212	(949)	34	0	0	0	0	0	0	0	(10,410)	0	(11,113)	0	(11,113)
1.8 Adjusted Premiums Earned (Lines 1.4 - 1.5 - 1.6 - 1.7)	212,610	25,956,826	84,421,788	0	0	0	0	0	0	0	52,838,262	21,679,539	185,109,024	XXX	185,109,024
1.9 Net Assumed less Ceded reinsurance premiums earned	80	19,707	(12,803,181)	0	0	0	0	0	0	0	(67,117)	92,494	(12,758,017)	XXX	(12,758,017)
1.10 Other Adjustments due to MLR calculations - Premiums	0	38	1,527,022	0	0	0	0	0	0	0	589	461,119	1,988,767	XXX	1,988,767
1.11 Risk Revenue	0	0	0	0	0	0	0	0	0	0	0	0	0	XXX	0
1.12 Net adjusted premiums earned after reinsurance (Lines 1.8 + 1.9 + 1.10 + 1.11)	212,690	25,976,571	73,145,629	0	0	0	0	0	0	0	52,771,733	22,233,152	174,339,774	XXX	174,339,774
2. Claims:															
2.1 Incurred claims excluding prescription drugs	150,417	15,234,398	55,646,585	0	0	0	0	0	0	0	42,116,290	488,690	113,636,380	XXX	113,636,380
2.2 Prescription drugs	15,871	6,321,722	16,971,555	0	0	0	0	0	0	0	1,187,057	33,699,365	58,195,570	XXX	58,195,570
2.3 Pharmaceutical rebates	2,566	1,976,162	5,435,467	0	0	0	0	0	0	0	5,712	18,382,020	25,801,928	XXX	25,801,928
2.4 State stop loss, market stabilization and claim/census based assessments (informational only)	7	7,253	(128,137)	0	0	0	0	0	0	0	14	0	(120,863)	XXX	(120,863)
3. Incurred medical incentive pools and bonuses	0	103,466	108,677	0	0	0	0	0	0	0	0	(3,735)	208,408	XXX	208,408
4. Deductible Fraud and Abuse Detection/Recovery Expenses (for MLR use only)	0	6,027	9,225	0	0	0	0	0	0	0	0	0	15,253	0	15,253
5. 5.0 Total Incurred Claims (Lines 2.1 + 2.2 - 2.3 + 3) (From Part 2, Line 2.15)	163,721	19,683,423	67,291,351	0	0	0	0	0	0	0	43,297,636	15,802,300	146,238,431	XXX	146,238,431
5.1 Net Assumed less Ceded reinsurance claims incurred	0	0	(9,540,336)	0	0	0	0	0	0	0	(9,019)	0	(9,549,355)	XXX	(9,549,355)
5.2 Other Adjustments due to MLR calculations - Claims	0	(76,209)	(21,003)	0	0	0	0	0	0	0	0	0	(97,212)	XXX	(97,212)
5.3 Rebates paid	0	76,209	21,003	0	0	0	0	0	0	XXX	XXX	0	97,212	XXX	97,212
5.4 Estimated rebates unpaid prior year	0	0	(54)	0	0	0	0	0	0	XXX	XXX	0	(54)	XXX	(54)
5.5 Estimated rebates unpaid current year	0	0	(54)	0	0	0	0	0	0	XXX	XXX	0	(54)	XXX	(54)
5.6 Fee for service and co-pay revenue	0	0	0	0	0	0	0	0	0	0	0	0	0	XXX	0
5.7 Net incurred claims after reinsurance (Lines 5.0 + 5.1 + 5.2 + 5.3 - 5.4 + 5.5 - 5.6)	163,721	19,683,423	57,751,014	0	0	0	0	0	0	0	43,288,617	15,802,300	136,689,076	XXX	136,689,076
6. Improving Health Care Quality Expenses Incurred:															
6.1 Improve health outcomes	1,940	224,388	723,714	0	0	0	0	0	0	0	184,330	36,298	1,170,670	0	1,170,670
6.2 Activities to prevent hospital readmissions	0	0	0	0	0	0	0	0	0	0	135,920	8,366	144,286	0	144,286
6.3 Improve patient safety and reduce medical errors	0	0	0	0	0	0	0	0	0	0	102,400	84,801	187,201	0	187,201
6.4 Wellness and health promotion activities	0	0	0	0	0	0	0	0	0	0	333,398	(16,740)	316,658	0	316,658
6.5 Health Information Technology expenses related to health improvement	0	0	0	0	0	0	0	0	0	0	37,592	74,667	112,259	0	112,259
6.6 Total of Defined Expenses Incurred for Improving Health Care Quality (Lines 6.1+6.2+6.3+6.4+6.5)	1,940	224,388	723,714	0	0	0	0	0	0	0	793,639	187,392	1,931,074	0	1,931,074
7. Preliminary Medical Loss Ratio: MLR ((Lines 4 + 5.0 + 6.6 - Footnote 2.0)/Line 1.8	0.779	0.767	0.806	0.000	0.000	0.000	0.000	0.000	0.000	XXX	XXX	0.738	XXX	XXX	XXX
8. Claims Adjustment Expenses:															
8.1 Cost containment expenses not included in quality of care expenses in Line 6.6	1,365	350,088	1,173,057	0	0	0	0	0	0	0	49,060	359,699	1,933,270	0	1,933,270
8.2 All other claims adjustment expenses	5,161	538,596	1,647,267	0	0	0	0	0	0	0	751,925	1,745,817	4,688,766	0	4,688,766
8.3 Total claims adjustment expenses (Lines 8.1 + 8.2)	6,526	888,684	2,820,324	0	0	0	0	0	0	0	800,985	2,105,516	6,622,036	0	6,622,036
9. Claims Adjustment Expense Ratio (Line 8.3/Line 1.8)	0.031	0.034	0.033	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.015	0.097	XXX	XXX	XXX

SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 1 (Continued)

	Business Subject to MLR									10	11	12	13	14	15
	Comprehensive Health Coverage			Mini-Med Plans			Expatriate Plans		9						
	1 Individual	2 Small Group Employer	3 Large Group Employer	4 Individual	5 Small Group Employer	6 Large Group Employer	7 Small Group	8 Large Group	Student Health Plans	Government Business (excluded by statute)	Other Health Business	Medicare Advantage Part C and Medicare Part D Stand-Alone Subject to ACA	Subtotal (Cols. 1 through 12)	Uninsured Plans	Total 13 + 14
10. General and Administrative (G&A) Expenses:															
10.1 Direct sales salaries and benefits	82	117,836	472,682	0	0	0	0	0	0	0	89,525	46,393	726,518	0	726,518
10.2 Agents and brokers fees and commissions	1,006	910,121	337,896	0	0	0	0	0	0	0	2,136,626	162,105	3,547,756	0	3,547,756
10.3 Other taxes (excluding taxes on Lines 1.5 through 1.7 and Line 14 below)	(1,221)	(1,659)	127,321	0	0	0	0	0	0	0	106,192	50,630	281,263	0	281,263
10.4 Other general and administrative expenses	19,548	1,675,043	4,524,449	0	0	0	0	0	0	0	5,135,060	1,820,457	13,174,557	0	13,174,557
10.4a Community Benefit Expenditures (informational only)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
10.5 Total general and administrative (Lines 10.1 +10.2 + 10.3 + 10.4)	19,416	2,701,342	5,462,348	0	0	0	0	0	0	0	7,467,403	2,079,585	17,730,094	0	17,730,094
11. Underwriting Gain/(Loss) (Lines 1.12 - 5.7 - 6.6 - 8.3 - 10.5)	21,087	2,478,733	6,388,229	0	0	0	0	0	0	0	421,088	2,058,358	11,367,495	XXX	11,367,495
12. Income from fees of uninsured plans	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0
13. Net investment and other gain/(loss)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	2,672,353	XXX	2,672,353
14. Federal income taxes (excluding taxes on Line 1.5 above)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	137,722	XXX	137,722
15. Net gain or (loss) (Lines 11 + 12 + 13 - 14)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	13,902,127	XXX	13,902,127
16. ICD-10 Implementation Expenses (informational only; already included in general expenses and line 10.4)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
16. 16a ICD-10 Implementation Expenses (informational only; already included in line 10.4)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
OTHER INDICATORS:															
1. Number of certificates/policies	33	5,297	13,741	0	0	0	0	0	0	0	38,782	20,118	77,971	0	77,971
2. Number of Covered Lives	33	9,096	21,279	0	0	0	0	0	0	0	51,979	20,118	102,505	0	102,505
3. Number of Groups	XXX	586	190	XXX	0	0	0	0	0	0	520	0	1,296	0	1,296
4. Member Months	508	90,829	231,635	0	0	0	0	0	0	0	652,357	246,404	1,221,733	0	1,221,733

Is run off business reported in Columns 1 through 9 or 12? Yes [ ] No [ ] If yes, show the amount of premiums and claims included. Premiums $ 0 Claims $ 0

AFFORDABLE CARE ACT (ACA) RECEIPTS, PAYMENTS, RECEIVABLES and PAYABLES

	Current Year Comprehensive Health Coverage		Prior Year Comprehensive Health Coverage	
	1 Individual Plans	2 Small Group Employer Plans	3 Individual Plans	4 Small Group Employer Plans
ACA Receivables and Payables				
1. Permanent ACA Risk Adjustment Program 1.0 Premium adjustments receivable/(payable)	(3,219)	(54,537)	(42,809)	(336,339)
2. Transitional ACA Reinsurance Program 2.0 Total amounts recoverable for claims (paid & unpaid)	0	XXX	0	XXX
3. Temporary ACA Risk Corridors Program 3.1 Accrued retrospective premium	0	0	0	0
3.2 Reserve for rate credits or policy experience refunds	0	0	0	0
ACA Receipts and Payments				
4. Permanent ACA Risk Adjustment Program 4.0 Premium adjustments receipts/(payments)	(45,271)	(215,474)	19,548	(653,299)
5. Transitional ACA Reinsurance Program 5.0 Amounts received for claims	0	XXX	0	XXX
6. Temporary ACA Risk Corridors Program 6.1 Retrospective premium received	0	0	0	0
6.2 Rate credits or policy experience refunds paid	0	0	0	0

SUPPLEMENT FOR THE YEAR 2018 OF THE UnitedHealthcare Insurance Company

SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 2

(To Be Filed by April 1 - Not for Rebate Purposes)

REPORT FOR: 1. CORPORATION UnitedHealthcare Insurance Company 2. 185 Asylum Street Hartford, CT 061033408 (LOCATION)

NAIC Group Code 0707 BUSINESS IN THE STATE OF Arkansas DURING THE YEAR 2018 NAIC Company Code 79413

	Business Subject to MLR									10	11	12	13
	Comprehensive Health Coverage			Mini-Med Plans			Expatriate Plans:		9				
	1	2	3	4	5	6	7	8					
	Individual	Small Group Employer	Large Group Employer	Individual	Small Group Employer	Large Group Employer	Small Group	Large Group	Student Health Plans	Government Business (excluded by statute)	Other Health Business	Medicare Advantage Part C and Medicare Part D Stand-Alone Subject to ACA	Total (a)
1. Health Premiums Earned:													
1.1 Direct premiums written	242,446	28,049,616	91,983,622	0	0	0	0	0	0	0	53,951,244	23,310,791	197,537,720
1.2 Unearned premium prior year	0	31,427	6,153	0	0	0	0	0	0	0	12,701	0	50,281
1.3 Unearned premium current year	0	32,458	(1,504)	0	0	0	0	0	0	0	11,692	0	42,646
1.4 Change in unearned premium (Lines 1.2 - 1.3)	0	(1,030)	7,657	0	0	0	0	0	0	0	1,008	0	7,635
1.5 Paid rate credits	105,921	76,209	18,862	0	0	0	0	0	0	0	452,891	1,274,502	1,928,385
1.6 Reserve for rate credits current year	0	0	(54)	0	0	0	0	0	0	0	189,504	524,474	713,925
1.7 Reserve for rate credits prior year	0	0	(54)	0	0	0	0	0	0	0	324,552	1,290,992	1,615,491
1.8 Change in reserve for rate credits (Lines 1.6 - 1.7)	0	0	0	0	0	0	0	0	0	0	(135,047)	(766,518)	(901,566)
1.9 Premium balances written off	0	38	1,527,022	0	0	0	0	0	0	0	589	461,119	1,988,767
1.10 Group conversion charge	0	0	0	0	0	0	0	0	0	0	0	0	0
1.11 Total direct premiums earned (Lines 1.1 + 1.4 - 1.9 + 1.10)	242,446	28,048,548	90,464,258	0	0	0	0	0	0	0	53,951,664	22,849,672	195,556,588
1.12 Assumed premiums earned from non-affiliates	0	0	59,090	0	0	0	0	0	0	0	0	0	59,090
1.13 Net Assumed less Ceded premiums earned from affiliates	80	19,707	3,118	0	0	0	0	0	0	0	0	92,494	115,399
1.14 Ceded premiums earned to non-affiliates	0	0	12,865,389	0	0	0	0	0	0	0	67,117	0	12,932,506
1.15 Other Adjustments due to MLR calculation - Premiums	0	38	1,527,022	0	0	0	0	0	0	0	589	461,119	1,988,767
1.16 Net premiums earned (Lines 1.11 - 1.5 - 1.8 + 1.12 + 1.13 - 1.14 + 1.15)	136,604	27,992,084	79,169,237	0	0	0	0	0	0	0	53,567,292	22,895,301	183,760,519
2. Direct Claims Incurred:													
2.1 Paid claims during the year	80,552	20,248,123	67,045,731	0	0	0	0	0	0	0	43,659,265	14,861,132	145,894,803
2.2 Direct claim liability current year	24,870	2,936,333	8,241,469	0	0	0	0	0	0	0	5,125,727	586,211	16,914,610
2.3 Direct claim liability prior year	9,538	3,950,383	7,963,304	0	0	0	0	0	0	0	5,331,414	1,395,295	18,649,933
2.4 Direct claim reserves current year	2,872	162,771	67,405	0	0	0	0	0	0	0	2,042,827	0	2,275,875
2.5 Direct claim reserves prior year	4,699	143,790	137,781	0	0	0	0	0	0	0	2,506,662	0	2,792,933
2.6 Direct contract reserves current year	203,021	0	0	0	0	0	0	0	0	0	21,145	0	224,166
2.7 Direct contract reserves prior year	238,698	0	0	0	0	0	0	0	0	0	29,251	0	267,950
2.8 Paid rate credits	105,921	76,209	18,862	0	0	0	0	0	0	0	452,891	1,274,502	1,928,385
2.9 Reserve for rate credits current year	0	0	(54)	0	0	0	0	0	0	0	189,504	524,474	713,925
2.10 Reserve for rate credits prior year	0	0	(54)	0	0	0	0	0	0	0	324,552	1,290,992	1,615,491
2.11 Incurred medical incentive pools and bonuses (Lines 2.11a + 2.11b - 2.11c)	0	103,466	108,677	0	0	0	0	0	0	0	0	(3,735)	208,408
2.11a Paid medical incentive pools and bonuses current year	0	17,900	35,345	0	0	0	0	0	0	0	0	(3,735)	49,510
2.11b Accrued medical incentive pools and bonuses current year	0	137,124	208,440	0	0	0	0	0	0	0	0	13,065	358,629
2.11c Accrued medical incentive pools and bonuses prior year	0	51,558	135,108	0	0	0	0	0	0	0	0	13,065	199,730
2.12 Net healthcare receivables (Lines 2.12a - 2.12b)	580	(250,694)	89,709	0	0	0	0	0	0	0	1,844	(1,246,003)	(1,404,565)
2.12a Healthcare receivables current year	580	776,432	2,202,393	0	0	0	0	0	0	0	1,844	6,068,835	9,050,085
2.12b Healthcare receivables prior year	0	1,027,126	2,112,685	0	0	0	0	0	0	0	0	7,314,839	10,454,650
2.13 Group conversion charge	0	0	0	0	0	0	0	0	0	0	0	0	0
2.14 Multi-option coverage blended rate adjustment	0	0	0	0	0	0	0	0	0	0	0	0	0
2.15 Total incurred claims (Lines 2.1 + 2.2 - 2.3 + 2.4 - 2.5 + 2.6 - 2.7 + 2.8 + 2.9 - 2.10 + 2.11 - 2.12 + 2.13 + 2.14)	163,721	19,683,423	67,291,351	0	0	0	0	0	0	0	43,297,636	15,802,300	146,238,431
2.16 Assumed incurred claims from non-affiliates	0	0	8,030	0	0	0	0	0	0	0	0	0	8,030
2.17 Net assumed less ceded incurred claims from affiliates	0	0	0	0	0	0	0	0	0	0	0	0	0
2.18 Ceded incurred claims to non-affiliates	0	0	9,548,367	0	0	0	0	0	0	0	9,019	0	9,557,386
2.19 Other adjustments due to MLR calculation - Claims	0	0	0	0	0	0	0	0	0	0	0	0	0
2.20 Net Incurred Claims (Lines 2.15 - 2.8 - 2.9 + 2.10 + 2.16 + 2.17 - 2.18 + 2.19)	57,800	19,607,214	57,732,152	0	0	0	0	0	0	0	42,970,773	15,294,316	135,662,256
3. Fraud and Abuse Recoveries that Reduced PAID Claims in Line 2.1 above (informational only)	0	6,027	9,225	0	0	0	0	0	0	0	0	0	15,253

(a) Column 13, Line 1.1 includes direct written premium of $ 2,260,554 for stand-alone dental and $ 724,576 for stand-alone vision policies.

SUPPLEMENT FOR THE YEAR 2018 OF THE UnitedHealthcare Insurance Company

SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 3

(To Be Filed by April 1 - Not for Rebate Purposes)

REPORT FOR: 1. CORPORATION UnitedHealthcare Insurance Company 2. 185 Asylum Street Hartford, CT 061033408 (LOCATION)

NAIC Group Code 0707 BUSINESS IN THE STATE OF Arkansas DURING THE YEAR 2018 NAIC Company Code 79413

	All Expenses	Improving Health Care Quality Expenses						Claims Adjustment Expenses		9	10
		1 Improve Health Outcomes	2 Activities to Prevent Hospital Readmissions	3 Improve Patient Safety and Reduce Medical Errors	4 Wellness & Health Promotion Activities	5 HIT Expenses	6 Total (1 to 5)	7 Cost Containment Expenses	8 Other Claims Adjustment Expenses	General Administrative Expenses	Total Expenses (6 to 9)
1.	Individual Comprehensive Coverage Expenses:										
	1.1 Salaries (including $ 10,929 for affiliated services)	0	0	0	0	0	0	373	3,182	7,374	10,929
	1.2 Outsourced Services	0	0	0	0	0	0	116	56	262	433
	1.3 EDP Equipment and Software (incl $ 239 for affiliated services)	0	0	0	0	0	0	31	33	175	239
	1.4 Other Equipment (excl. EDP) (incl $ 23 for affiliated services)	0	0	0	0	0	0	3	3	4	10
	1.5 Accreditation and Certification (incl $ 3 for affiliated services)	0	XXX	XXX	XXX	XXX	0	0	0	2	3
	1.6 Other Expenses (incl $ 5,451 for affiliated services)	1,940	0	0	0	0	1,940	834	1,879	12,814	17,467
	1.7 Subtotal before Reimbursements and Taxes (Lines 1.1 to 1.6)	1,940	0	0	0	0	1,940	1,357	5,153	20,631	29,080
	1.8 Reimbursements by uninsured plans and fiscal intermediaries	0	0	0	0	0	0	0	0	0	0
	1.9 Taxes, Licenses and Fees (in total, for tying purposes)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	15,615	15,615
	1.10 Total (1.7 to 1.9)	1,940	0	0	0	0	1,940	1,357	5,153	36,245	44,695
	1.11 Total Fraud and Abuse Detection/Recovery Expenses included in Column 7 (informational only)	0	0	0	0	0	0	66	0	0	66
2.	Small Group Comprehensive Coverage Expenses:										
	2.1 Salaries (including $ 1,384,971 for affiliated services)	0	0	0	0	0	0	169,157	277,601	938,213	1,384,971
	2.2 Outsourced Services	0	0	0	0	0	0	34,303	31,814	98,244	164,361
	2.3 EDP Equipment and Software (incl $ 98,080 for affiliated services)	0	0	0	0	0	0	14,125	23,181	60,774	98,080
	2.4 Other Equipment (excl. EDP) (incl $ 9,415 for affiliated services)	0	0	0	0	0	0	1,356	2,225	5,834	9,415
	2.5 Accreditation and Certification (incl $ 1,022 for affiliated services)	0	XXX	XXX	XXX	XXX	0	147	242	633	1,022
	2.6 Other Expenses (incl $ 1,133,969 for affiliated services)	224,388	0	0	0	0	224,388	120,015	191,840	1,590,969	2,127,212
	2.7 Subtotal before Reimbursements and Taxes (Lines 2.1 to 2.6)	224,388	0	0	0	0	224,388	339,103	526,901	2,694,667	3,785,060
	2.8 Reimbursements by uninsured plans and fiscal intermediaries	0	0	0	0	0	0	0	0	0	0
	2.9 Taxes, Licenses and Fees (in total, for tying purposes)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	671,670	671,670
	2.10 Total (2.7 to 2.9)	224,388	0	0	0	0	224,388	339,103	526,901	3,366,337	4,456,730
	2.11 Total Fraud and Abuse Detection/Recovery Expenses included in Column 7 (informational only)	0	0	0	0	0	0	94,815	0	0	94,815
3.	Large Group Comprehensive Coverage Expenses:										
	3.1 Salaries (including $ 1,761,962 for affiliated services)	0	0	0	0	0	0	226,766	344,480	1,190,716	1,761,962
	3.2 Outsourced Services	0	0	0	0	0	0	97,107	39,478	131,166	267,750
	3.3 EDP Equipment and Software (incl $ 117,166 for affiliated services)	0	0	0	0	0	0	18,936	28,766	69,464	117,166
	3.4 Other Equipment (excl. EDP) (incl $ 11,247 for affiliated services)	0	0	0	0	0	0	1,818	2,761	6,668	11,247
	3.5 Accreditation and Certification (incl $ 1,221 for affiliated services)	0	XXX	XXX	XXX	XXX	0	197	300	724	1,221
	3.6 Other Expenses (incl $ 5,845,471 for affiliated services)	723,714	0	0	0	0	723,714	792,125	1,199,484	3,905,114	6,620,437
	3.7 Subtotal before Reimbursements and Taxes (Lines 3.1 to 3.6)	723,714	0	0	0	0	723,714	1,136,949	1,615,268	5,303,851	8,779,783
	3.8 Reimbursements by uninsured plans and fiscal intermediaries	0	0	0	0	0	0	0	0	0	0
	3.9 Taxes, Licenses and Fees (in total, for tying purposes)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	2,238,378	2,238,378
	3.10 Total (3.7 to 3.9)	723,714	0	0	0	0	723,714	1,136,949	1,615,268	7,542,229	11,018,161
	3.11 Total Fraud and Abuse Detection/Recovery Expenses included in Column 7 (informational only)	0	0	0	0	0	0	330,717	0	0	330,717

SUPPLEMENT FOR THE YEAR 2018 OF THE UnitedHealthcare Insurance Company

SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 3 (Continued)

	All Expenses	Improving Health Care Quality Expenses						Claims Adjustment Expenses		9	10
		1 Improve Health Outcomes	2 Activities to Prevent Hospital Readmissions	3 Improve Patient Safety and Reduce Medical Errors	4 Wellness & Health Promotion Activities	5 HIT Expenses	6 Total (1 to 5)	7 Cost Containment Expenses	8 Other Claims Adjustment Expenses	General Administrative Expenses	Total Expenses (6 to 9)
4.	Individual Mini-Med Plans Expenses:										
	4.1 Salaries (including $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	4.2 Outsourced Services	0	0	0	0	0	0	0	0	0	0
	4.3 EDP Equipment and Software (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	4.4 Other Equipment (excl. EDP) (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	4.5 Accreditation and Certification (incl $ 0 for affiliated services)	0	XXX	XXX	XXX	XXX	0	0	0	0	0
	4.6 Other Expenses (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	4.7 Subtotal before Reimbursements and Taxes (Lines 4.1 to 4.6)	0	0	0	0	0	0	0	0	0	0
	4.8 Reimbursements by uninsured plans and fiscal intermediaries	0	0	0	0	0	0	0	0	0	0
	4.9 Taxes, Licenses and Fees (in total, for tying purposes)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0
	4.10 Total (4.7 to 4.9)	0	0	0	0	0	0	0	0	0	0
	4.11 Total Fraud and Abuse Detection/Recovery Expenses included in Column 7 (informational only)	0	0	0	0	0	0	0	0	0	0
5.	Small Group Mini-Med Plans Expenses:										
	5.1 Salaries (including $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	5.2 Outsourced Services	0	0	0	0	0	0	0	0	0	0
	5.3 EDP Equipment and Software (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	5.4 Other Equipment (excl. EDP) (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	5.5 Accreditation and Certification (incl $ 0 for affiliated services)	0	XXX	XXX	XXX	XXX	0	0	0	0	0
	5.6 Other Expenses (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	5.7 Subtotal before Reimbursements and Taxes (Lines 5.1 to 5.6)	0	0	0	0	0	0	0	0	0	0
	5.8 Reimbursements by uninsured plans and fiscal intermediaries	0	0	0	0	0	0	0	0	0	0
	5.9 Taxes, Licenses and Fees (in total, for tying purposes)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0
	5.10 Total (5.7 to 5.9)	0	0	0	0	0	0	0	0	0	0
	5.11 Total Fraud and Abuse Detection/Recovery Expenses included in Column 7 (informational only)	0	0	0	0	0	0	0	0	0	0
6.	Large Group Mini-Med Plans Expenses:										
	6.1 Salaries (including $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	6.2 Outsourced Services	0	0	0	0	0	0	0	0	0	0
	6.3 EDP Equipment and Software (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	6.4 Other Equipment (excl. EDP) (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	6.5 Accreditation and Certification (incl $ 0 for affiliated services)	0	XXX	XXX	XXX	XXX	0	0	0	0	0
	6.6 Other Expenses (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	6.7 Subtotal before Reimbursements and Taxes (Lines 6.1 to 6.6)	0	0	0	0	0	0	0	0	0	0
	6.8 Reimbursements by uninsured plans and fiscal intermediaries	0	0	0	0	0	0	0	0	0	0
	6.9 Taxes, Licenses and Fees (in total, for tying purposes)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0
	6.10 Total (6.7 to 6.9)	0	0	0	0	0	0	0	0	0	0
	6.11 Total Fraud and Abuse Detection/Recovery Expenses included in Column 7 (informational only)	0	0	0	0	0	0	0	0	0	0

SUPPLEMENT FOR THE YEAR 2018 OF THE UnitedHealthcare Insurance Company

SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 3 (Continued)

	All Expenses	Improving Health Care Quality Expenses						Claims Adjustment Expenses		9	10
		1 Improve Health Outcomes	2 Activities to Prevent Hospital Readmissions	3 Improve Patient Safety and Reduce Medical Errors	4 Wellness & Health Promotion Activities	5 HIT Expenses	6 Total (1 to 5)	7 Cost Containment Expenses	8 Other Claims Adjustment Expenses	General Administrative Expenses	Total Expenses (6 to 9)
7.	Small Group Expatriate Plans Expenses:										
	7.1 Salaries (including $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	7.2 Outsourced Services	0	0	0	0	0	0	0	0	0	0
	7.3 EDP Equipment and Software (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	7.4 Other Equipment (excl. EDP) (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	7.5 Accreditation and Certification (incl $ 0 for affiliated services)	0	XXX	XXX	XXX	XXX	0	0	0	0	0
	7.6 Other Expenses (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	7.7 Subtotal before Reimbursements and Taxes (Lines 7.1 to 7.6)	0	0	0	0	0	0	0	0	0	0
	7.8 Reimbursements by uninsured plans and fiscal intermediaries	0	0	0	0	0	0	0	0	0	0
	7.9 Taxes, Licenses and Fees (in total, for tying purposes)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0
	7.10 Total (7.7 to 7.9)	0	0	0	0	0	0	0	0	0	0
	7.11 Total Fraud and Abuse Detection/Recovery Expenses included in Column 7 (informational only)	0	0	0	0	0	0	0	0	0	0
8.	Large Group Expatriate Plans Expenses:										
	8.1 Salaries (including $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	8.2 Outsourced Services	0	0	0	0	0	0	0	0	0	0
	8.3 EDP Equipment and Software (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	8.4 Other Equipment (excl. EDP) (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	8.5 Accreditation and Certification (incl $ 0 for affiliated services)	0	XXX	XXX	XXX	XXX	0	0	0	0	0
	8.6 Other Expenses (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	8.7 Subtotal before Reimbursements and Taxes (Lines 8.1 to 8.6)	0	0	0	0	0	0	0	0	0	0
	8.8 Reimbursements by uninsured plans and fiscal intermediaries	0	0	0	0	0	0	0	0	0	0
	8.9 Taxes, Licenses and Fees (in total, for tying purposes)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0
	8.10 Total (8.7 to 8.9)	0	0	0	0	0	0	0	0	0	0
	8.11 Total Fraud and Abuse Detection/Recovery Expenses included in Column 7 (informational only)	0	0	0	0	0	0	0	0	0	0
9.	Student Health Plans Expenses:										
	9.1 Salaries (including $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	9.2 Outsourced Services	0	0	0	0	0	0	0	0	0	0
	9.3 EDP Equipment and Software (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	9.4 Other Equipment (excl. EDP) (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	9.5 Accreditation and Certification (incl $ 0 for affiliated services)	0	XXX	XXX	XXX	XXX	0	0	0	0	0
	9.6 Other Expenses (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	9.7 Subtotal before Reimbursements and Taxes (Lines 9.1 to 9.6)	0	0	0	0	0	0	0	0	0	0
	9.8 Reimbursements by uninsured plans and fiscal intermediaries	0	0	0	0	0	0	0	0	0	0
	9.9 Taxes, Licenses and Fees (in total, for tying purposes)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0
	9.10 Total (9.7 to 9.9)	0	0	0	0	0	0	0	0	0	0
	9.11 Total Fraud and Abuse Detection/Recovery Expenses included in Column 7 (informational only)	0	0	0	0	0	0	0	0	0	0



SUPPLEMENT FOR THE YEAR 2018 OF THE UnitedHealthcare Insurance Company

SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 1

(To Be Filed by April 1 - Not for Rebate Purposes - See Cautionary Statement at http://www.naic.org/documents/committees_e_app_blanks_related_shce_cautionary_statement.pdf)

REPORT FOR: 1. CORPORATION UnitedHealthcare Insurance Company 2. 185 Asylum Street Hartford, CT 061033408 (LOCATION)

NAIC Group Code 0707 BUSINESS IN THE STATE OF California DURING THE YEAR 2018 NAIC Company Code 79413

	Business Subject to MLR								9	10	11	12	13	14	15
	Comprehensive Health Coverage			Mini-Med Plans			Expatriate Plans								
	1 Individual	2 Small Group Employer	3 Large Group Employer	4 Individual	5 Small Group Employer	6 Large Group Employer	7 Small Group	8 Large Group	Student Health Plans	Government Business (excluded by statute)	Other Health Business	Medicare Advantage Part C and Medicare Part D Stand-Alone Subject to ACA	Subtotal (Cols. 1 through 12)	Uninsured Plans	Total 13 + 14
1. Premium:															
1.1 Health premiums earned (From Part 2, Line 1.11)	6,715,609	684,658,463	1,438,511,947	0	0	0	0	0	0	0	1,176,187,854	397,249,771	3,703,323,644	XXX	3,703,323,644
1.2 Federal high risk pools	0	0	0	0	0	0	0	0	0	0	0	0	0	XXX	0
1.3 State high risk pools	(417)	(48,719)	(171,391)	0	0	0	0	0	0	0	502,067	0	281,539	XXX	281,539
1.4 Premiums earned including state and federal high risk programs (Lines 1.1 + 1.2 + 1.3)	6,715,192	684,609,744	1,438,340,556	0	0	0	0	0	0	0	1,176,689,921	397,249,771	3,703,605,183	XXX	3,703,605,183
1.5 Federal taxes and federal assessments	321,537	20,593,216	47,923,809	0	0	0	0	0	0	0	10,615,786	16,998,952	96,453,301	(4,377)	96,448,924
1.6 State insurance, premium and other taxes (Similar local taxes of $ 353,812)	(397)	1,934,084	8,237,598	0	0	0	0	0	0	0	12,111,314	55,536	22,338,134	2	22,338,137
1.6a Community Benefit Expenditures (informational only)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
1.7 Regulatory authority licenses and fees	607	59,687	111,833	0	0	0	0	0	0	0	(185,860)	0	(13,732)	0	(13,732)
1.8 Adjusted Premiums Earned (Lines 1.4 - 1.5 - 1.6 - 1.7)	6,393,444	662,022,757	1,382,067,316	0	0	0	0	0	0	0	1,154,148,680	380,195,283	3,584,827,480	XXX	3,584,831,855
1.9 Net Assumed less Ceded reinsurance premiums earned	0	979	(280,165,008)	0	0	0	0	0	0	0	2,054,566	0	(278,109,463)	XXX	(278,109,463)
1.10 Other Adjustments due to MLR calculations - Premiums	0	358,551	12,418	0	0	0	0	0	0	0	1,720	2,778,829	3,151,518	XXX	3,151,518
1.11 Risk Revenue	0	0	0	0	0	0	0	0	0	0	0	0	0	XXX	0
1.12 Net adjusted premiums earned after reinsurance (Lines 1.8 + 1.9 + 1.10 + 1.11)	6,393,444	662,382,288	1,101,914,726	0	0	0	0	0	0	0	1,156,204,966	382,974,112	3,309,869,536	XXX	3,309,873,911
2. Claims:															
2.1 Incurred claims excluding prescription drugs	4,048,593	463,628,822	1,029,744,247	0	0	0	0	0	0	0	784,907,083	59,712,995	2,342,041,739	XXX	2,342,041,739
2.2 Prescription drugs	814,502	92,348,869	207,843,618	0	0	0	0	0	0	0	186,344,554	555,760,430	1,043,111,974	XXX	1,043,111,974
2.3 Pharmaceutical rebates	223,170	25,514,997	57,202,898	0	0	0	0	0	0	0	625,187	304,923,468	388,489,719	XXX	388,489,719
2.4 State stop loss, market stabilization and claim/census based assessments (informational only)	12	504,686	1,695,716	0	0	0	0	0	0	0	2,282	0	2,202,697	XXX	2,202,697
3. Incurred medical incentive pools and bonuses	0	509,272	515,497	0	0	0	0	0	0	0	(885)	0	1,023,884	XXX	1,023,884
4. Deductible Fraud and Abuse Detection/Recovery Expenses (for MLR use only)	2	360,648	396,544	0	0	0	0	0	0	0	0	92,231	849,424	0	849,424
5. 5.0 Total Incurred Claims (Lines 2.1 + 2.2 - 2.3 + 3) (From Part 2, Line 2.15)	4,639,925	530,971,967	1,180,900,465	0	0	0	0	0	0	0	970,625,565	310,549,956	2,997,687,878	XXX	2,997,687,878
5.1 Net Assumed less Ceded reinsurance claims incurred	0	(11,060)	(231,442,126)	0	0	0	0	0	0	0	997,251	0	(230,455,935)	XXX	(230,455,935)
5.2 Other Adjustments due to MLR calculations - Claims	0	0	0	0	0	0	0	0	0	0	0	(13,543,506)	(13,543,506)	XXX	(13,543,506)
5.3 Rebates paid	0	0	0	0	0	0	0	0	0	XXX	XXX	0	0	XXX	0
5.4 Estimated rebates unpaid prior year	0	0	0	0	0	0	0	0	0	XXX	XXX	0	0	XXX	0
5.5 Estimated rebates unpaid current year	0	0	0	0	0	0	0	0	0	XXX	XXX	13,543,506	13,543,506	XXX	13,543,506
5.6 Fee for service and co-pay revenue	0	0	0	0	0	0	0	0	0	0	0	0	0	XXX	0
5.7 Net incurred claims after reinsurance (Lines 5.0 + 5.1 + 5.2 + 5.3 - 5.4 + 5.5 - 5.6)	4,639,925	530,960,907	949,458,338	0	0	0	0	0	0	0	971,622,816	310,549,956	2,767,231,943	XXX	2,767,231,943
6. Improving Health Care Quality Expenses Incurred:															
6.1 Improve health outcomes	53,725	5,477,268	11,508,096	0	0	0	0	0	0	0	1,720,153	830,718	19,589,959	597	19,590,556
6.2 Activities to prevent hospital readmissions	0	0	0	0	0	0	0	0	0	0	112,132	219,694	331,825	(6)	331,819
6.3 Improve patient safety and reduce medical errors	0	0	0	0	0	0	0	0	0	0	138,957	1,219,671	1,358,628	1,803	1,360,431
6.4 Wellness and health promotion activities	0	0	0	0	0	0	0	0	0	0	7,295,479	(330,657)	6,964,822	376	6,965,198
6.5 Health Information Technology expenses related to health improvement	0	0	0	0	0	0	0	0	0	0	407,208	1,283,394	1,690,602	1,251	1,691,853
6.6 Total of Defined Expenses Incurred for Improving Health Care Quality (Lines 6.1+6.2+6.3+6.4+6.5)	53,725	5,477,268	11,508,096	0	0	0	0	0	0	0	9,673,928	3,222,820	29,935,836	4,022	29,939,858
7. Preliminary Medical Loss Ratio: MLR ((Lines 4 + 5.0 + 6.6 - Footnote 2.0)/Line 1.8	0.734	0.811	0.863	0.000	0.000	0.000	0.000	0.000	0.000	XXX	XXX	0.826	XXX	XXX	XXX
8. Claims Adjustment Expenses:															
8.1 Cost containment expenses not included in quality of care expenses in Line 6.6	51,611	7,661,369	15,079,172	0	0	0	0	0	0	0	1,095,958	8,145,914	32,034,023	28,517	32,062,540
8.2 All other claims adjustment expenses	81,789	10,204,053	16,926,296	0	0	0	0	0	0	0	15,642,551	25,887,658	68,742,348	40,001	68,782,349
8.3 Total claims adjustment expenses (Lines 8.1 + 8.2)	133,401	17,865,421	32,005,468	0	0	0	0	0	0	0	16,738,509	34,033,572	100,776,370	68,518	100,844,888
9. Claims Adjustment Expense Ratio (Line 8.3/Line 1.8)	0.021	0.027	0.023	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.015	0.090	XXX	XXX	XXX

SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 1 (Continued)

	Business Subject to MLR									10	11	12	13	14	15
	Comprehensive Health Coverage			Mini-Med Plans			Expatriate Plans		9						
	1 Individual	2 Small Group Employer	3 Large Group Employer	4 Individual	5 Small Group Employer	6 Large Group Employer	7 Small Group	8 Large Group	Student Health Plans	Government Business (excluded by statute)	Other Health Business	Medicare Advantage Part C and Medicare Part D Stand-Alone Subject to ACA	Subtotal (Cols. 1 through 12)	Uninsured Plans	Total 13 + 14
10. General and Administrative (G&A) Expenses:															
10.1 Direct sales salaries and benefits	18,338	2,416,139	6,190,504	0	0	0	0	0	0	0	1,788,638	893,356	11,306,975	684	11,307,659
10.2 Agents and brokers fees and commissions	411,047	50,077,721	40,242,029	0	0	0	0	0	0	0	40,340,873	4,452,309	135,523,978	0	135,523,978
10.3 Other taxes (excluding taxes on Lines 1.5 through 1.7 and Line 14 below)	(1,109)	764,453	1,505,084	0	0	0	0	0	0	0	1,915,257	814,930	4,998,614	(178)	4,998,436
10.4 Other general and administrative expenses	224,802	31,363,770	23,492,594	0	0	0	0	0	0	0	97,189,536	25,369,236	177,639,938	(18,726)	177,621,212
10.4a Community Benefit Expenditures (informational only)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
10.5 Total general and administrative (Lines 10.1 +10.2 + 10.3 + 10.4)	653,078	84,622,083	71,430,210	0	0	0	0	0	0	0	141,234,304	31,529,830	329,469,506	(18,220)	329,451,286
11. Underwriting Gain/(Loss) (Lines 1.12 - 5.7 - 6.6 - 8.3 - 10.5)	913,316	23,456,609	37,512,614	0	0	0	0	0	0	0	16,935,408	3,637,934	82,455,880	XXX	82,405,936
12. Income from fees of uninsured plans	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	32,354	32,354
13. Net investment and other gain/(loss)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	51,081,700	XXX	51,081,700
14. Federal income taxes (excluding taxes on Line 1.5 above)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	156,044	XXX	156,044
15. Net gain or (loss) (Lines 11 + 12 + 13 - 14)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	133,381,537	XXX	133,363,946
16. ICD-10 Implementation Expenses (informational only; already included in general expenses and line 10.4)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
16. 16a ICD-10 Implementation Expenses (informational only; already included in line 10.4)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
OTHER INDICATORS:															
1. Number of certificates/policies	447	62,162	131,430	0	0	0	0	0	0	0	705,487	616,122	1,515,648	279	1,515,927
2. Number of Covered Lives	852	112,115	256,232	0	0	0	0	0	0	0	961,497	616,122	1,946,818	279	1,947,097
3. Number of Groups	XXX	13,933	1,396	XXX	0	0	0	0	0	0	7,066	219	22,614	4	22,618
4. Member Months	10,263	1,352,096	3,283,239	0	0	0	0	0	0	0	11,038,949	7,461,396	23,145,943	3,660	23,149,603

Is run off business reported in Columns 1 through 9 or 12? Yes [ ] No [ ] If yes, show the amount of premiums and claims included. Premiums $ 0 Claims $ 0

216-2.CA

AFFORDABLE CARE ACT (ACA) RECEIPTS, PAYMENTS, RECEIVABLES and PAYABLES

	Current Year Comprehensive Health Coverage		Prior Year Comprehensive Health Coverage	
	1 Individual Plans	2 Small Group Employer Plans	3 Individual Plans	4 Small Group Employer Plans
ACA Receivables and Payables				
1. Permanent ACA Risk Adjustment Program 1.0 Premium adjustments receivable/(payable)	1,336,968	(7,970,464)	612,651	6,509,580
2. Transitional ACA Reinsurance Program 2.0 Total amounts recoverable for claims (paid & unpaid)	0	XXX	0	XXX
3. Temporary ACA Risk Corridors Program 3.1 Accrued retrospective premium	0	0	0	0
3.2 Reserve for rate credits or policy experience refunds	0	0	0	0
ACA Receipts and Payments				
4. Permanent ACA Risk Adjustment Program 4.0 Premium adjustments receipts/(payments)	427,191	10,245,223	(196,151)	(6,573,711)
5. Transitional ACA Reinsurance Program 5.0 Amounts received for claims	0	XXX	0	XXX
6. Temporary ACA Risk Corridors Program 6.1 Retrospective premium received	0	0	0	0
6.2 Rate credits or policy experience refunds paid	0	0	0	0

SUPPLEMENT FOR THE YEAR 2018 OF THE UnitedHealthcare Insurance Company

SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 2

(To Be Filed by April 1 - Not for Rebate Purposes)

REPORT FOR: 1. CORPORATION UnitedHealthcare Insurance Company 2. 185 Asylum Street Hartford, CT 061033408 (LOCATION)

NAIC Group Code 0707 BUSINESS IN THE STATE OF California DURING THE YEAR 2018 NAIC Company Code 79413

	Business Subject to MLR												
	Comprehensive Health Coverage			Mini-Med Plans			Expatriate Plans:		9	10	11	12	13
	1	2	3	4	5	6	7	8					
	Individual	Small Group Employer	Large Group Employer	Individual	Small Group Employer	Large Group Employer	Small Group	Large Group	Student Health Plans	Government Business (excluded by statute)	Other Health Business	Medicare Advantage Part C and Medicare Part D Stand-Alone Subject to ACA	Total (a)
1. Health Premiums Earned:													
1.1 Direct premiums written	6,715,609	684,954,373	1,438,607,670	0	0	0	0	0	0	0	1,176,498,660	400,028,600	3,706,804,912
1.2 Unearned premium prior year	0	12,415	(105,493)	0	0	0	0	0	0	0	139,373	0	46,295
1.3 Unearned premium current year	0	(50,226)	(22,187)	0	0	0	0	0	0	0	448,459	0	376,046
1.4 Change in unearned premium (Lines 1.2 - 1.3)	0	62,642	(83,306)	0	0	0	0	0	0	0	(309,086)	0	(329,750)
1.5 Paid rate credits	261	0	492,684	0	0	0	0	0	0	0	(22,109,727)	17,743,772	(3,873,010)
1.6 Reserve for rate credits current year	0	(41,684)	946,034	0	0	0	0	0	0	0	1,460,702	16,617,249	18,982,302
1.7 Reserve for rate credits prior year	0	(41,684)	536,032	0	0	0	0	0	0	0	1,047,246	18,835,375	20,376,970
1.8 Change in reserve for rate credits (Lines 1.6 - 1.7)	0	0	410,002	0	0	0	0	0	0	0	413,456	(2,218,126)	(1,394,668)
1.9 Premium balances written off	0	358,551	12,418	0	0	0	0	0	0	0	1,720	2,778,829	3,151,518
1.10 Group conversion charge	0	0	0	0	0	0	0	0	0	0	0	0	0
1.11 Total direct premiums earned (Lines 1.1 + 1.4 - 1.9 + 1.10)	6,715,609	684,658,463	1,438,511,946	0	0	0	0	0	0	0	1,176,187,854	397,249,771	3,703,323,643
1.12 Assumed premiums earned from non-affiliates	0	0	617,300	0	0	0	0	0	0	0	3,643,716	0	4,261,016
1.13 Net Assumed less Ceded premiums earned from affiliates	0	979	74	0	0	0	0	0	0	0	0	0	1,053
1.14 Ceded premiums earned to non-affiliates	0	0	280,782,382	0	0	0	0	0	0	0	1,589,150	0	282,371,532
1.15 Other Adjustments due to MLR calculation - Premiums	0	358,551	12,418	0	0	0	0	0	0	0	1,720	2,778,829	3,151,518
1.16 Net premiums earned (Lines 1.11 - 1.5 - 1.8 + 1.12 + 1.13 - 1.14 + 1.15)	6,715,348	685,017,994	1,157,456,670	0	0	0	0	0	0	0	1,199,940,411	384,502,953	3,433,633,377
2. Direct Claims Incurred:													
2.1 Paid claims during the year	4,639,671	532,073,122	1,194,743,721	0	0	0	0	0	0	3,954,936	983,610,328	262,367,556	2,981,389,334
2.2 Direct claim liability current year	76	71,187,436	151,809,312	0	0	0	0	0	0	(2,466,542)	95,856,176	15,945,906	332,332,364
2.3 Direct claim liability prior year	83	72,591,682	169,907,950	0	0	0	0	0	0	1,385,011	92,598,269	37,158,804	373,641,799
2.4 Direct claim reserves current year	0	1,782,861	3,274,153	0	0	0	0	0	0	0	36,409,803	7,592	41,474,410
2.5 Direct claim reserves prior year	0	1,535,865	3,588,132	0	0	0	0	0	0	0	30,951,601	7,357	36,082,955
2.6 Direct contract reserves current year	0	0	0	0	0	0	0	0	0	0	445,869	0	445,869
2.7 Direct contract reserves prior year	0	0	3,807	0	0	0	0	0	0	0	343,682	0	347,490
2.8 Paid rate credits	261	0	492,684	0	0	0	0	0	0	0	(22,109,727)	17,743,772	(3,873,010)
2.9 Reserve for rate credits current year	0	(41,684)	946,034	0	0	0	0	0	0	0	1,460,702	16,617,249	18,982,302
2.10 Reserve for rate credits prior year	0	(41,684)	536,032	0	0	0	0	0	0	0	1,047,246	18,835,375	20,376,970
2.11 Incurred medical incentive pools and bonuses (Lines 2.11a + 2.11b - 2.11c)	0	509,272	515,497	0	0	0	0	0	0	0	(885)	0	1,023,884
2.11a Paid medical incentive pools and bonuses current year	0	171,633	658,466	0	0	0	0	0	0	0	(885)	0	829,214
2.11b Accrued medical incentive pools and bonuses current year	0	739,458	2,471,454	0	0	0	0	0	0	0	0	0	3,210,912
2.11c Accrued medical incentive pools and bonuses prior year	0	401,819	2,614,423	0	0	0	0	0	0	0	0	0	3,016,242
2.12 Net healthcare receivables (Lines 2.12a - 2.12b)	0	453,177	(3,154,986)	0	0	0	0	0	0	103,382	105,904	(53,869,416)	(56,361,939)
2.12a Healthcare receivables current year	0	10,389,666	23,438,110	0	0	0	0	0	0	44,917	211,101	104,114,058	138,197,853
2.12b Healthcare receivables prior year	0	9,936,489	26,593,096	0	0	0	0	0	0	(58,465)	105,197	157,983,474	194,559,791
2.13 Group conversion charge	0	0	0	0	0	0	0	0	0	0	0	0	0
2.14 Multi-option coverage blended rate adjustment	0	0	0	0	0	0	0	0	0	0	0	0	0
2.15 Total incurred claims (Lines 2.1 + 2.2 - 2.3 + 2.4 - 2.5 + 2.6 - 2.7 + 2.8 + 2.9 - 2.10 + 2.11 - 2.12 + 2.13 + 2.14)	4,639,925	530,971,967	1,180,900,465	0	0	0	0	0	0	0	970,625,565	310,549,956	2,997,687,878
2.16 Assumed incurred claims from non-affiliates	0	0	525,632	0	0	0	0	0	0	0	3,016,675	0	3,542,307
2.17 Net assumed less ceded incurred claims from affiliates	0	(11,060)	(95,171)	0	0	0	0	0	0	0	0	0	(106,230)
2.18 Ceded incurred claims to non-affiliates	0	0	231,872,588	0	0	0	0	0	0	0	2,019,424	0	233,892,011
2.19 Other adjustments due to MLR calculation - Claims	0	0	0	0	0	0	0	0	0	0	0	0	0
2.20 Net Incurred Claims (Lines 2.15 - 2.8 - 2.9 + 2.10 + 2.16 + 2.17 - 2.18 + 2.19)	4,639,664	530,960,907	948,555,653	0	0	0	0	0	0	0	993,319,088	295,024,310	2,772,499,621
3. Fraud and Abuse Recoveries that Reduced PAID Claims in Line 2.1 above (informational only)	2	360,648	396,544	0	0	0	0	0	0	0	0	684,464	1,441,658

(a) Column 13, Line 1.1 includes direct written premium of $ 48,947,116 for stand-alone dental and $ 13,215,306 for stand-alone vision policies.

SUPPLEMENT FOR THE YEAR 2018 OF THE UnitedHealthcare Insurance Company

SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 3

(To Be Filed by April 1 - Not for Rebate Purposes)

REPORT FOR: 1. CORPORATION UnitedHealthcare Insurance Company 2. 185 Asylum Street Hartford, CT 061033408 (LOCATION)

NAIC Group Code 0707 BUSINESS IN THE STATE OF California DURING THE YEAR 2018 NAIC Company Code 79413

	All Expenses	Improving Health Care Quality Expenses						Claims Adjustment Expenses		9	10
		1 Improve Health Outcomes	2 Activities to Prevent Hospital Readmissions	3 Improve Patient Safety and Reduce Medical Errors	4 Wellness & Health Promotion Activities	5 HIT Expenses	6 Total (1 to 5)	7 Cost Containment Expenses	8 Other Claims Adjustment Expenses	General Administrative Expenses	Total Expenses (6 to 9)
1.	Individual Comprehensive Coverage Expenses:										
	1.1 Salaries (including $ 122,264 for affiliated services)	0	0	0	0	0	0	14,481	23,223	84,560	122,264
	1.2 Outsourced Services	0	0	0	0	0	0	1,696	2,661	7,665	12,022
	1.3 EDP Equipment and Software (incl $ 8,733 for affiliated services)	0	0	0	0	0	0	1,209	1,939	5,585	8,733
	1.4 Other Equipment (excl. EDP) (incl $ 838 for affiliated services)	0	0	0	0	0	0	116	186	536	838
	1.5 Accreditation and Certification (incl $ 91 for affiliated services)	0	XXX	XXX	XXX	XXX	0	13	20	58	91
	1.6 Other Expenses (incl $ 276,962 for affiliated services)	53,725	0	0	0	0	53,725	32,387	51,940	554,486	692,537
	1.7 Subtotal before Reimbursements and Taxes (Lines 1.1 to 1.6)	53,725	0	0	0	0	53,725	49,901	79,969	652,890	836,486
	1.8 Reimbursements by uninsured plans and fiscal intermediaries	0	0	0	0	0	0	0	0	0	0
	1.9 Taxes, Licenses and Fees (in total, for tying purposes)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	3,928	3,928
	1.10 Total (1.7 to 1.9)	53,725	0	0	0	0	53,725	49,901	79,969	656,818	840,414
	1.11 Total Fraud and Abuse Detection/Recovery Expenses included in Column 7 (informational only)	0	0	0	0	0	0	14,757	0	0	14,757
2.	Small Group Comprehensive Coverage Expenses:										
	2.1 Salaries (including $ 15,153,156 for affiliated services)	0	0	0	0	0	0	1,889,670	2,894,066	10,369,420	15,153,156
	2.2 Outsourced Services	0	0	0	0	0	0	1,023,131	331,666	1,276,627	2,631,424
	2.3 EDP Equipment and Software (incl $ 1,070,856 for affiliated services)	0	0	0	0	0	0	157,796	241,668	671,392	1,070,856
	2.4 Other Equipment (excl. EDP) (incl $ 102,790 for affiliated services)	0	0	0	0	0	0	15,147	23,197	64,446	102,790
	2.5 Accreditation and Certification (incl $ 11,161 for affiliated services)	0	XXX	XXX	XXX	XXX	0	1,645	2,519	6,998	11,161
	2.6 Other Expenses (incl $ 34,714,903 for affiliated services)	5,477,268	0	0	0	0	5,477,268	4,349,582	6,472,771	71,298,104	87,597,725
	2.7 Subtotal before Reimbursements and Taxes (Lines 2.1 to 2.6)	5,477,268	0	0	0	0	5,477,268	7,436,970	9,965,887	83,686,986	106,567,111
	2.8 Reimbursements by uninsured plans and fiscal intermediaries	0	0	0	0	0	0	0	0	0	0
	2.9 Taxes, Licenses and Fees (in total, for tying purposes)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	3,391,432	3,391,432
	2.10 Total (2.7 to 2.9)	5,477,268	0	0	0	0	5,477,268	7,436,970	9,965,887	87,078,418	109,958,543
	2.11 Total Fraud and Abuse Detection/Recovery Expenses included in Column 7 (informational only)	0	0	0	0	0	0	1,939,999	0	0	1,939,999
3.	Large Group Comprehensive Coverage Expenses:										
	3.1 Salaries (including $ 26,582,133 for affiliated services)	0	0	0	0	0	0	3,628,418	4,814,281	18,139,434	26,582,133
	3.2 Outsourced Services	0	0	0	0	0	0	2,318,322	551,717	1,840,302	4,710,342
	3.3 EDP Equipment and Software (incl $ 1,721,378 for affiliated services)	0	0	0	0	0	0	302,990	402,015	1,016,373	1,721,378
	3.4 Other Equipment (excl. EDP) (incl $ 165,232 for affiliated services)	0	0	0	0	0	0	29,083	38,589	97,560	165,232
	3.5 Accreditation and Certification (incl $ 17,941 for affiliated services)	0	XXX	XXX	XXX	XXX	0	3,158	4,190	10,593	17,941
	3.6 Other Expenses (incl $ 61,262,862 for affiliated services)	11,508,096	0	0	0	0	11,508,096	8,361,167	10,767,457	48,419,391	79,056,111
	3.7 Subtotal before Reimbursements and Taxes (Lines 3.1 to 3.6)	11,508,096	0	0	0	0	11,508,096	14,643,139	16,578,249	69,523,654	112,253,137
	3.8 Reimbursements by uninsured plans and fiscal intermediaries	0	0	0	0	0	0	111	149	869	1,129
	3.9 Taxes, Licenses and Fees (in total, for tying purposes)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	11,038,939	11,038,939
	3.10 Total (3.7 to 3.9)	11,508,096	0	0	0	0	11,508,096	14,643,250	16,578,398	80,563,462	123,293,205
	3.11 Total Fraud and Abuse Detection/Recovery Expenses included in Column 7 (informational only)	0	0	0	0	0	0	4,099,033	0	0	4,099,033

SUPPLEMENT FOR THE YEAR 2018 OF THE UnitedHealthcare Insurance Company

SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 3 (Continued)

	All Expenses	Improving Health Care Quality Expenses						Claims Adjustment Expenses		9	10
		1 Improve Health Outcomes	2 Activities to Prevent Hospital Readmissions	3 Improve Patient Safety and Reduce Medical Errors	4 Wellness & Health Promotion Activities	5 HIT Expenses	6 Total (1 to 5)	7 Cost Containment Expenses	8 Other Claims Adjustment Expenses	General Administrative Expenses	Total Expenses (6 to 9)
4.	Individual Mini-Med Plans Expenses:										
	4.1 Salaries (including $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	4.2 Outsourced Services	0	0	0	0	0	0	0	0	0	0
	4.3 EDP Equipment and Software (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	4.4 Other Equipment (excl. EDP) (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	4.5 Accreditation and Certification (incl $ 0 for affiliated services)	0	XXX	XXX	XXX	XXX	0	0	0	0	0
	4.6 Other Expenses (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	4.7 Subtotal before Reimbursements and Taxes (Lines 4.1 to 4.6)	0	0	0	0	0	0	0	0	0	0
	4.8 Reimbursements by uninsured plans and fiscal intermediaries	0	0	0	0	0	0	0	0	0	0
	4.9 Taxes, Licenses and Fees (in total, for tying purposes)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0
	4.10 Total (4.7 to 4.9)	0	0	0	0	0	0	0	0	0	0
	4.11 Total Fraud and Abuse Detection/Recovery Expenses included in Column 7 (informational only)	0	0	0	0	0	0	0	0	0	0
5.	Small Group Mini-Med Plans Expenses:										
	5.1 Salaries (including $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	5.2 Outsourced Services	0	0	0	0	0	0	0	0	0	0
	5.3 EDP Equipment and Software (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	5.4 Other Equipment (excl. EDP) (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	5.5 Accreditation and Certification (incl $ 0 for affiliated services)	0	XXX	XXX	XXX	XXX	0	0	0	0	0
	5.6 Other Expenses (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	5.7 Subtotal before Reimbursements and Taxes (Lines 5.1 to 5.6)	0	0	0	0	0	0	0	0	0	0
	5.8 Reimbursements by uninsured plans and fiscal intermediaries	0	0	0	0	0	0	0	0	0	0
	5.9 Taxes, Licenses and Fees (in total, for tying purposes)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0
	5.10 Total (5.7 to 5.9)	0	0	0	0	0	0	0	0	0	0
	5.11 Total Fraud and Abuse Detection/Recovery Expenses included in Column 7 (informational only)	0	0	0	0	0	0	0	0	0	0
6.	Large Group Mini-Med Plans Expenses:										
	6.1 Salaries (including $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	6.2 Outsourced Services	0	0	0	0	0	0	0	0	0	0
	6.3 EDP Equipment and Software (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	6.4 Other Equipment (excl. EDP) (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	6.5 Accreditation and Certification (incl $ 0 for affiliated services)	0	XXX	XXX	XXX	XXX	0	0	0	0	0
	6.6 Other Expenses (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	6.7 Subtotal before Reimbursements and Taxes (Lines 6.1 to 6.6)	0	0	0	0	0	0	0	0	0	0
	6.8 Reimbursements by uninsured plans and fiscal intermediaries	0	0	0	0	0	0	0	0	0	0
	6.9 Taxes, Licenses and Fees (in total, for tying purposes)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0
	6.10 Total (6.7 to 6.9)	0	0	0	0	0	0	0	0	0	0
	6.11 Total Fraud and Abuse Detection/Recovery Expenses included in Column 7 (informational only)	0	0	0	0	0	0	0	0	0	0

SUPPLEMENT FOR THE YEAR 2018 OF THE UnitedHealthcare Insurance Company

SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 3 (Continued)

	All Expenses	Improving Health Care Quality Expenses						Claims Adjustment Expenses		9	10
		1 Improve Health Outcomes	2 Activities to Prevent Hospital Readmissions	3 Improve Patient Safety and Reduce Medical Errors	4 Wellness & Health Promotion Activities	5 HIT Expenses	6 Total (1 to 5)	7 Cost Containment Expenses	8 Other Claims Adjustment Expenses	General Administrative Expenses	Total Expenses (6 to 9)
7.	Small Group Expatriate Plans Expenses:										
	7.1 Salaries (including $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	7.2 Outsourced Services	0	0	0	0	0	0	0	0	0	0
	7.3 EDP Equipment and Software (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	7.4 Other Equipment (excl. EDP) (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	7.5 Accreditation and Certification (incl $ 0 for affiliated services)	0	XXX	XXX	XXX	XXX	0	0	0	0	0
	7.6 Other Expenses (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	7.7 Subtotal before Reimbursements and Taxes (Lines 7.1 to 7.6)	0	0	0	0	0	0	0	0	0	0
	7.8 Reimbursements by uninsured plans and fiscal intermediaries	0	0	0	0	0	0	0	0	0	0
	7.9 Taxes, Licenses and Fees (in total, for tying purposes)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0
	7.10 Total (7.7 to 7.9)	0	0	0	0	0	0	0	0	0	0
	7.11 Total Fraud and Abuse Detection/Recovery Expenses included in Column 7 (informational only)	0	0	0	0	0	0	0	0	0	0
8.	Large Group Expatriate Plans Expenses:										
	8.1 Salaries (including $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	8.2 Outsourced Services	0	0	0	0	0	0	0	0	0	0
	8.3 EDP Equipment and Software (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	8.4 Other Equipment (excl. EDP) (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	8.5 Accreditation and Certification (incl $ 0 for affiliated services)	0	XXX	XXX	XXX	XXX	0	0	0	0	0
	8.6 Other Expenses (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	8.7 Subtotal before Reimbursements and Taxes (Lines 8.1 to 8.6)	0	0	0	0	0	0	0	0	0	0
	8.8 Reimbursements by uninsured plans and fiscal intermediaries	0	0	0	0	0	0	0	0	0	0
	8.9 Taxes, Licenses and Fees (in total, for tying purposes)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0
	8.10 Total (8.7 to 8.9)	0	0	0	0	0	0	0	0	0	0
	8.11 Total Fraud and Abuse Detection/Recovery Expenses included in Column 7 (informational only)	0	0	0	0	0	0	0	0	0	0
9.	Student Health Plans Expenses:										
	9.1 Salaries (including $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	9.2 Outsourced Services	0	0	0	0	0	0	0	0	0	0
	9.3 EDP Equipment and Software (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	9.4 Other Equipment (excl. EDP) (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	9.5 Accreditation and Certification (incl $ 0 for affiliated services)	0	XXX	XXX	XXX	XXX	0	0	0	0	0
	9.6 Other Expenses (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	9.7 Subtotal before Reimbursements and Taxes (Lines 9.1 to 9.6)	0	0	0	0	0	0	0	0	0	0
	9.8 Reimbursements by uninsured plans and fiscal intermediaries	0	0	0	0	0	0	0	0	0	0
	9.9 Taxes, Licenses and Fees (in total, for tying purposes)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0
	9.10 Total (9.7 to 9.9)	0	0	0	0	0	0	0	0	0	0
	9.11 Total Fraud and Abuse Detection/Recovery Expenses included in Column 7 (informational only)	0	0	0	0	0	0	0	0	0	0

SUPPLEMENT FOR THE YEAR 2018 OF THE UnitedHealthcare Insurance Company

SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 1

(To Be Filed by April 1 - Not for Rebate Purposes - See Cautionary Statement at http://www.naic.org/documents/committees_e_app_blanks_related_shce_cautionary_statement.pdf)

REPORT FOR: 1. CORPORATION UnitedHealthcare Insurance Company 2. 185 Asylum Street Hartford, CT 061033408 (LOCATION)

NAIC Group Code 0707 BUSINESS IN THE STATE OF Colorado DURING THE YEAR 2018 NAIC Company Code 79413

	Business Subject to MLR								9	10	11	12	13	14	15
	Comprehensive Health Coverage			Mini-Med Plans			Expatriate Plans								
	1 Individual	2 Small Group Employer	3 Large Group Employer	4 Individual	5 Small Group Employer	6 Large Group Employer	7 Small Group	8 Large Group	Student Health Plans	Government Business (excluded by statute)	Other Health Business	Medicare Advantage Part C and Medicare Part D Stand-Alone Subject to ACA	Subtotal (Cols. 1 through 12)	Uninsured Plans	Total 13 + 14
1. Premium:															
1.1 Health premiums earned (From Part 2, Line 1.11)	8,074,480	533,892,892	377,659,167	0	0	0	0	0	0	0	265,241,966	268,223,102	1,453,091,606	XXX	1,453,091,606
1.2 Federal high risk pools	0	0	0	0	0	0	0	0	0	0	0	0	0	XXX	0
1.3 State high risk pools	(1,825)	(43,109)	(66,043)	0	0	0	0	0	0	0	113,529	0	2,552	XXX	2,552
1.4 Premiums earned including state and federal high risk programs (Lines 1.1 + 1.2 + 1.3)	8,072,655	533,849,783	377,593,123	0	0	0	0	0	0	0	265,355,495	268,223,102	1,453,094,158	XXX	1,453,094,158
1.5 Federal taxes and federal assessments	(428,665)	18,447,206	12,322,738	0	0	0	0	0	0	(244)	3,490,769	10,062,971	43,894,775	(502)	43,894,274
1.6 State insurance, premium and other taxes (Similar local taxes of $ 153,996)	52,809	6,068,822	3,273,365	0	0	0	0	0	0	0	3,945,268	27,233	13,367,497	0	13,367,497
1.6a Community Benefit Expenditures (informational only)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
1.7 Regulatory authority licenses and fees	678	8,567	7,822	0	0	0	0	0	0	0	(47,722)	0	(30,654)	0	(30,654)
1.8 Adjusted Premiums Earned (Lines 1.4 - 1.5 - 1.6 - 1.7)	8,447,833	509,325,188	361,989,198	0	0	0	0	0	0	244	257,967,179	258,132,898	1,395,862,539	XXX	1,395,863,041
1.9 Net Assumed less Ceded reinsurance premiums earned	(1)	98,857	(65,927,215)	0	0	0	0	0	0	0	(576,692)	1,639,197	(64,765,855)	XXX	(64,765,855)
1.10 Other Adjustments due to MLR calculations - Premiums	0	135,356	17,696	0	0	0	0	0	0	0	1,813	514,258	669,123	XXX	669,123
1.11 Risk Revenue	0	0	0	0	0	0	0	0	0	0	0	0	0	XXX	0
1.12 Net adjusted premiums earned after reinsurance (Lines 1.8 + 1.9 + 1.10 + 1.11)	8,447,832	509,559,401	296,079,679	0	0	0	0	0	0	244	257,392,300	260,286,353	1,331,765,807	XXX	1,331,766,309
2. Claims:															
2.1 Incurred claims excluding prescription drugs	8,912,350	358,959,846	262,798,722	0	0	0	0	0	0	150	194,452,395	159,274,472	984,397,934	XXX	984,397,934
2.2 Prescription drugs	1,544,136	83,254,703	58,680,233	0	0	0	0	0	0	0	8,355,171	122,070,998	273,905,241	XXX	273,905,241
2.3 Pharmaceutical rebates	478,202	26,507,258	18,051,904	0	0	0	0	0	0	0	64,335	67,564,112	112,665,810	XXX	112,665,810
2.4 State stop loss, market stabilization and claim/census based assessments (informational only)	6	132,601	190,376	0	0	0	0	0	0	0	78	0	323,060	XXX	323,060
3. Incurred medical incentive pools and bonuses	0	553,711	684,617	0	0	0	0	0	0	0	0	300,721	1,539,049	XXX	1,539,049
4. Deductible Fraud and Abuse Detection/Recovery Expenses (for MLR use only)	164	79,142	135,600	0	0	0	0	0	0	0	0	0	214,906	0	214,906
5. 5.0 Total Incurred Claims (Lines 2.1 + 2.2 - 2.3 + 3) (From Part 2, Line 2.15)	9,978,284	416,261,002	304,111,668	0	0	0	0	0	0	150	202,743,231	214,082,079	1,147,176,415	XXX	1,147,176,415
5.1 Net Assumed less Ceded reinsurance claims incurred	0	0	(52,682,456)	0	0	0	0	0	0	0	(644,073)	0	(53,326,529)	XXX	(53,326,529)
5.2 Other Adjustments due to MLR calculations - Claims	(21,423)	(4,753,395)	0	0	0	0	0	0	0	0	0	0	(4,774,818)	XXX	(4,774,818)
5.3 Rebates paid	0	6,905,746	0	0	0	0	0	0	0	XXX	XXX	0	6,905,746	XXX	6,905,746
5.4 Estimated rebates unpaid prior year	0	7,395,800	0	0	0	0	0	0	0	XXX	XXX	0	7,395,800	XXX	7,395,800
5.5 Estimated rebates unpaid current year	21,423	5,243,449	0	0	0	0	0	0	0	XXX	XXX	0	5,264,872	XXX	5,264,872
5.6 Fee for service and co-pay revenue	0	0	0	0	0	0	0	0	0	0	0	0	0	XXX	0
5.7 Net incurred claims after reinsurance (Lines 5.0 + 5.1 + 5.2 + 5.3 - 5.4 + 5.5 - 5.6)	9,978,284	416,261,002	251,429,213	0	0	0	0	0	0	150	202,099,158	214,082,079	1,093,849,886	XXX	1,093,849,886
6. Improving Health Care Quality Expenses Incurred:															
6.1 Improve health outcomes	64,596	4,271,143	3,021,273	0	0	0	0	0	0	0	549,973	894,332	8,801,317	0	8,801,317
6.2 Activities to prevent hospital readmissions	0	0	0	0	0	0	0	0	0	0	186,945	243,732	430,677	0	430,677
6.3 Improve patient safety and reduce medical errors	0	0	0	0	0	0	0	0	0	0	152,555	400,025	552,581	0	552,581
6.4 Wellness and health promotion activities	0	0	0	0	0	0	0	0	0	0	1,783,566	21,248	1,804,814	0	1,804,814
6.5 Health Information Technology expenses related to health improvement	0	0	0	0	0	0	0	0	0	0	130,606	539,047	669,653	0	669,653
6.6 Total of Defined Expenses Incurred for Improving Health Care Quality (Lines 6.1+6.2+6.3+6.4+6.5)	64,596	4,271,143	3,021,273	0	0	0	0	0	0	0	2,803,645	2,098,385	12,259,042	0	12,259,042
7. Preliminary Medical Loss Ratio: MLR ((Lines 4 + 5.0 + 6.6 - Footnote 2.0)/Line 1.8	1.189	0.826	0.849	0.000	0.000	0.000	0.000	0.000	0.000	XXX	XXX	0.837	XXX	XXX	XXX
8. Claims Adjustment Expenses:															
8.1 Cost containment expenses not included in quality of care expenses in Line 6.6	66,138	5,988,837	4,232,912	0	0	0	0	0	0	0	412,022	2,259,964	12,959,874	0	12,959,874
8.2 All other claims adjustment expenses	112,219	8,252,202	5,105,890	0	0	0	0	0	0	0	3,900,598	6,056,204	23,427,113	0	23,427,113
8.3 Total claims adjustment expenses (Lines 8.1 + 8.2)	178,357	14,241,039	9,338,802	0	0	0	0	0	0	0	4,312,621	8,316,168	36,386,987	0	36,386,987
9. Claims Adjustment Expense Ratio (Line 8.3/Line 1.8)	0.021	0.028	0.026	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.017	0.032	XXX	XXX	XXX

SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 1 (Continued)

	Business Subject to MLR									10	11	12	13	14	15
	Comprehensive Health Coverage			Mini-Med Plans			Expatriate Plans		9						
	1 Individual	2 Small Group Employer	3 Large Group Employer	4 Individual	5 Small Group Employer	6 Large Group Employer	7 Small Group	8 Large Group	Student Health Plans	Government Business (excluded by statute)	Other Health Business	Medicare Advantage Part C and Medicare Part D Stand-Alone Subject to ACA	Subtotal (Cols. 1 through 12)	Uninsured Plans	Total 13 + 14
10. General and Administrative (G&A) Expenses:															
10.1 Direct sales salaries and benefits	22,724	1,948,308	1,779,692	0	0	0	0	0	0	0	536,003	558,575	4,845,302	0	4,845,302
10.2 Agents and brokers fees and commissions	222,677	19,754,546	11,126,357	0	0	0	0	0	0	0	11,952,515	2,964,066	46,020,161	0	46,020,161
10.3 Other taxes (excluding taxes on Lines 1.5 through 1.7 and Line 14 below)	4,510	369,237	435,900	0	0	0	0	0	0	0	506,370	497,678	1,813,693	0	1,813,693
10.4 Other general and administrative expenses	314,596	23,922,975	8,493,738	0	0	0	0	0	0	1,072	24,038,195	15,792,986	72,563,562	0	72,563,562
10.4a Community Benefit Expenditures (informational only)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
10.5 Total general and administrative (Lines 10.1 +10.2 + 10.3 + 10.4)	564,506	45,995,065	21,835,687	0	0	0	0	0	0	1,072	37,033,082	19,813,306	125,242,717	0	125,242,717
11. Underwriting Gain/(Loss) (Lines 1.12 - 5.7 - 6.6 - 8.3 - 10.5)	(2,337,911)	28,791,151	10,454,704	0	0	0	0	0	0	(979)	11,143,795	15,976,415	64,027,175	XXX	64,027,677
12. Income from fees of uninsured plans	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	(3,515)	(3,515)
13. Net investment and other gain/(loss)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	20,921,916	XXX	20,921,916
14. Federal income taxes (excluding taxes on Line 1.5 above)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	250,330	XXX	250,330
15. Net gain or (loss) (Lines 11 + 12 + 13 - 14)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	84,698,761	XXX	84,695,748
16. ICD-10 Implementation Expenses (informational only; already included in general expenses and line 10.4)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
16. 16a ICD-10 Implementation Expenses (informational only; already included in line 10.4)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
OTHER INDICATORS:															
1. Number of certificates/policies	617	55,227	37,937	0	0	0	0	0	0	0	236,721	80,399	410,901	0	410,901
2. Number of Covered Lives	1,177	100,112	72,151	0	0	0	0	0	0	0	359,134	80,399	612,973	0	612,973
3. Number of Groups	XXX	10,426	661	XXX	0	0	0	0	0	0	7,507	2	18,596	0	18,596
4. Member Months	13,719	1,091,116	894,299	0	0	0	0	0	0	0	4,273,017	954,337	7,226,488	0	7,226,488

Is run off business reported in Columns 1 through 9 or 12? Yes [ ] No [ ] If yes, show the amount of premiums and claims included. Premiums $ 0 Claims $ 0

216-2.CO

AFFORDABLE CARE ACT (ACA) RECEIPTS, PAYMENTS, RECEIVABLES and PAYABLES

	Current Year Comprehensive Health Coverage		Prior Year Comprehensive Health Coverage	
	1 Individual Plans	2 Small Group Employer Plans	3 Individual Plans	4 Small Group Employer Plans
ACA Receivables and Payables				
1. Permanent ACA Risk Adjustment Program 1.0 Premium adjustments receivable/(payable)	1,201,487	32,456,582	1,442,439	21,674,491
2. Transitional ACA Reinsurance Program 2.0 Total amounts recoverable for claims (paid & unpaid)	0	XXX	0	XXX
3. Temporary ACA Risk Corridors Program 3.1 Accrued retrospective premium	0	0	0	0
3.2 Reserve for rate credits or policy experience refunds	0	0	0	0
ACA Receipts and Payments				
4. Permanent ACA Risk Adjustment Program 4.0 Premium adjustments receipts/(payments)	1,718,236	25,504,974	1,092,943	16,982,666
5. Transitional ACA Reinsurance Program 5.0 Amounts received for claims	0	XXX	0	XXX
6. Temporary ACA Risk Corridors Program 6.1 Retrospective premium received	0	0	0	0
6.2 Rate credits or policy experience refunds paid	0	0	0	0

SUPPLEMENT FOR THE YEAR 2018 OF THE UnitedHealthcare Insurance Company

SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 2

(To Be Filed by April 1 - Not for Rebate Purposes)

REPORT FOR: 1. CORPORATION UnitedHealthcare Insurance Company 2. 185 Asylum Street Hartford, CT 061033408 (LOCATION)

NAIC Group Code 0707 BUSINESS IN THE STATE OF Colorado DURING THE YEAR 2018 NAIC Company Code 79413

	Business Subject to MLR												
	Comprehensive Health Coverage			Mini-Med Plans			Expatriate Plans:		9	10	11	12	13
	1	2	3	4	5	6	7	8					
	Individual	Small Group Employer	Large Group Employer	Individual	Small Group Employer	Large Group Employer	Small Group	Large Group	Student Health Plans	Government Business (excluded by statute)	Other Health Business	Medicare Advantage Part C and Medicare Part D Stand-Alone Subject to ACA	Total (a)
1. Health Premiums Earned:													
1.1 Direct premiums written	8,074,480	534,037,651	377,857,594	0	0	0	0	0	0	0	265,244,028	268,737,361	1,453,951,113
1.2 Unearned premium prior year	0	3,292	(209,555)	0	0	0	0	0	0	0	(1,211)	0	(207,475)
1.3 Unearned premium current year	0	12,695	(28,825)	0	0	0	0	0	0	0	(961)	0	(17,091)
1.4 Change in unearned premium (Lines 1.2 - 1.3)	0	(9,403)	(180,731)	0	0	0	0	0	0	0	(250)	0	(190,384)
1.5 Paid rate credits	(217,970)	6,905,746	1,433,422	0	0	0	0	0	0	0	(2,796,217)	2,393,976	7,718,957
1.6 Reserve for rate credits current year	21,423	5,243,449	1,421,840	0	0	0	0	0	0	0	832,582	40,774	7,560,068
1.7 Reserve for rate credits prior year	0	7,395,800	1,079,795	0	0	0	0	0	0	0	892,674	1,710,845	11,079,115
1.8 Change in reserve for rate credits (Lines 1.6 - 1.7)	21,423	(2,152,351)	342,044	0	0	0	0	0	0	0	(60,092)	(1,670,071)	(3,519,047)
1.9 Premium balances written off	0	135,356	17,696	0	0	0	0	0	0	0	1,813	514,258	669,123
1.10 Group conversion charge	0	0	0	0	0	0	0	0	0	0	0	0	0
1.11 Total direct premiums earned (Lines 1.1 + 1.4 - 1.9 + 1.10)	8,074,480	533,892,892	377,659,167	0	0	0	0	0	0	0	265,241,966	268,223,102	1,453,091,607
1.12 Assumed premiums earned from non-affiliates	0	0	0	0	0	0	0	0	0	0	0	0	0
1.13 Net Assumed less Ceded premiums earned from affiliates	(1)	98,857	6,018	0	0	0	0	0	0	0	0	1,639,197	1,744,070
1.14 Ceded premiums earned to non-affiliates	0	0	65,933,233	0	0	0	0	0	0	0	576,692	0	66,509,925
1.15 Other Adjustments due to MLR calculation - Premiums	0	135,356	17,696	0	0	0	0	0	0	0	1,813	514,258	669,123
1.16 Net premiums earned (Lines 1.11 - 1.5 - 1.8 + 1.12 + 1.13 - 1.14 + 1.15)	8,271,025	529,373,710	309,974,182	0	0	0	0	0	0	0	267,523,395	269,652,652	1,384,794,964
2. Direct Claims Incurred:													
2.1 Paid claims during the year	10,240,253	395,903,935	303,799,174	0	0	0	0	0	0	150	202,215,093	212,106,842	1,124,265,448
2.2 Direct claim liability current year	181,372	57,601,469	32,413,449	0	0	0	0	0	0	0	19,045,522	12,729,297	121,971,109
2.3 Direct claim liability prior year	121,019	40,499,170	35,077,562	0	0	0	0	0	0	0	16,720,411	15,345,960	107,764,122
2.4 Direct claim reserves current year	20,773	1,382,921	815,954	0	0	0	0	0	0	0	12,821,103	7,771	15,048,521
2.5 Direct claim reserves prior year	11,788	958,260	795,032	0	0	0	0	0	0	0	11,781,052	6,454	13,552,586
2.6 Direct contract reserves current year	404,140	0	0	0	0	0	0	0	0	0	364,676	0	768,816
2.7 Direct contract reserves prior year	536,666	0	0	0	0	0	0	0	0	0	327,099	0	863,764
2.8 Paid rate credits	(217,970)	6,905,746	1,433,422	0	0	0	0	0	0	0	(2,796,217)	2,393,976	7,718,957
2.9 Reserve for rate credits current year	21,423	5,243,449	1,421,840	0	0	0	0	0	0	0	832,582	40,774	7,560,068
2.10 Reserve for rate credits prior year	0	7,395,800	1,079,795	0	0	0	0	0	0	0	892,674	1,710,845	11,079,115
2.11 Incurred medical incentive pools and bonuses (Lines 2.11a + 2.11b - 2.11c)	0	553,711	684,617	0	0	0	0	0	0	0	0	300,721	1,539,049
2.11a Paid medical incentive pools and bonuses current year	0	133,075	183,743	0	0	0	0	0	0	0	0	164,928	481,745
2.11b Accrued medical incentive pools and bonuses current year	0	1,603,879	2,046,771	0	0	0	0	0	0	0	0	241,839	3,892,488
2.11c Accrued medical incentive pools and bonuses prior year	0	1,183,243	1,545,896	0	0	0	0	0	0	0	0	106,045	2,835,184
2.12 Net healthcare receivables (Lines 2.12a - 2.12b)	2,235	2,476,997	(495,602)	0	0	0	0	0	0	0	18,293	(3,565,956)	(1,564,033)
2.12a Healthcare receivables current year	2,235	11,877,566	6,471,074	0	0	0	0	0	0	0	18,742	26,287,233	44,656,851
2.12b Healthcare receivables prior year	0	9,400,569	6,966,676	0	0	0	0	0	0	0	449	29,853,190	46,220,884
2.13 Group conversion charge	0	0	0	0	0	0	0	0	0	0	0	0	0
2.14 Multi-option coverage blended rate adjustment	0	0	0	0	0	0	0	0	0	0	0	0	0
2.15 Total incurred claims (Lines 2.1 + 2.2 - 2.3 + 2.4 - 2.5 + 2.6 - 2.7 + 2.8 + 2.9 - 2.10 + 2.11 - 2.12 + 2.13 + 2.14)	9,978,284	416,261,002	304,111,668	0	0	0	0	0	0	150	202,743,231	214,082,079	1,147,176,414
2.16 Assumed incurred claims from non-affiliates	0	0	0	0	0	0	0	0	0	0	0	0	0
2.17 Net assumed less ceded incurred claims from affiliates	0	0	0	0	0	0	0	0	0	0	0	0	0
2.18 Ceded incurred claims to non-affiliates	0	0	52,682,456	0	0	0	0	0	0	0	644,073	0	53,326,529
2.19 Other adjustments due to MLR calculation - Claims	0	0	0	0	0	0	0	0	0	0	0	0	0
2.20 Net Incurred Claims (Lines 2.15 - 2.8 - 2.9 + 2.10 + 2.16 + 2.17 - 2.18 + 2.19)	10,174,831	411,507,607	249,653,747	0	0	0	0	0	0	150	204,955,467	213,358,174	1,089,649,976
3. Fraud and Abuse Recoveries that Reduced PAID Claims in Line 2.1 above (informational only)	164	79,142	135,600	0	0	0	0	0	0	0	0	34,958	249,864

(a) Column 13, Line 1.1 includes direct written premium of $ 21,900,319 for stand-alone dental and $ 5,167,387 for stand-alone vision policies.

SUPPLEMENT FOR THE YEAR 2018 OF THE UnitedHealthcare Insurance Company

SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 3

(To Be Filed by April 1 - Not for Rebate Purposes)

REPORT FOR: 1. CORPORATION UnitedHealthcare Insurance Company 2. 185 Asylum Street Hartford, CT 061033408 (LOCATION)

NAIC Group Code 0707 BUSINESS IN THE STATE OF Colorado DURING THE YEAR 2018 NAIC Company Code 79413

	All Expenses	Improving Health Care Quality Expenses						Claims Adjustment Expenses		9	10
		1 Improve Health Outcomes	2 Activities to Prevent Hospital Readmissions	3 Improve Patient Safety and Reduce Medical Errors	4 Wellness & Health Promotion Activities	5 HIT Expenses	6 Total (1 to 5)	7 Cost Containment Expenses	8 Other Claims Adjustment Expenses	General Administrative Expenses	Total Expenses (6 to 9)
1.	Individual Comprehensive Coverage Expenses:										
	1.1 Salaries (including $ 165,863 for affiliated services)	0	0	0	0	0	0	18,591	35,592	111,681	165,863
	1.2 Outsourced Services	0	0	0	0	0	0	2,131	3,408	8,952	14,491
	1.3 EDP Equipment and Software (incl $ 10,574 for affiliated services)	0	0	0	0	0	0	1,552	2,468	6,553	10,574
	1.4 Other Equipment (excl. EDP) (incl $ 1,015 for affiliated services)	0	0	0	0	0	0	149	237	601	987
	1.5 Accreditation and Certification (incl $ 110 for affiliated services)	0	XXX	XXX	XXX	XXX	0	16	26	68	110
	1.6 Other Expenses (incl $ 331,683 for affiliated services)	64,596	0	0	0	0	64,596	41,580	68,234	430,533	604,944
	1.7 Subtotal before Reimbursements and Taxes (Lines 1.1 to 1.6)	64,596	0	0	0	0	64,596	64,020	109,964	558,389	796,969
	1.8 Reimbursements by uninsured plans and fiscal intermediaries	0	0	0	0	0	0	0	0	0	0
	1.9 Taxes, Licenses and Fees (in total, for tying purposes)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	63,977	63,977
	1.10 Total (1.7 to 1.9)	64,596	0	0	0	0	64,596	64,020	109,964	622,366	860,945
	1.11 Total Fraud and Abuse Detection/Recovery Expenses included in Column 7 (informational only)	0	0	0	0	0	0	18,279	0	0	18,279
2.	Small Group Comprehensive Coverage Expenses:										
	2.1 Salaries (including $ 11,898,384 for affiliated services)	0	0	0	0	0	0	1,525,980	2,340,257	8,032,148	11,898,384
	2.2 Outsourced Services	0	0	0	0	0	0	619,633	268,198	919,418	1,807,249
	2.3 EDP Equipment and Software (incl $ 836,729 for affiliated services)	0	0	0	0	0	0	127,426	195,422	513,880	836,729
	2.4 Other Equipment (excl. EDP) (incl $ 80,316 for affiliated services)	0	0	0	0	0	0	12,231	18,758	49,326	80,316
	2.5 Accreditation and Certification (incl $ 8,721 for affiliated services)	0	XXX	XXX	XXX	XXX	0	1,328	2,037	5,356	8,721
	2.6 Other Expenses (incl $ 27,135,339 for affiliated services)	4,271,143	0	0	0	0	4,271,143	3,520,557	5,234,140	35,967,930	48,993,770
	2.7 Subtotal before Reimbursements and Taxes (Lines 2.1 to 2.6)	4,271,143	0	0	0	0	4,271,143	5,807,155	8,058,812	45,488,058	63,625,168
	2.8 Reimbursements by uninsured plans and fiscal intermediaries	0	0	0	0	0	0	0	0	0	0
	2.9 Taxes, Licenses and Fees (in total, for tying purposes)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	6,959,469	6,959,469
	2.10 Total (2.7 to 2.9)	4,271,143	0	0	0	0	4,271,143	5,807,155	8,058,812	52,447,527	70,584,637
	2.11 Total Fraud and Abuse Detection/Recovery Expenses included in Column 7 (informational only)	0	0	0	0	0	0	1,569,036	0	0	1,569,036
3.	Large Group Comprehensive Coverage Expenses:										
	3.1 Salaries (including $ 7,779,520 for affiliated services)	0	0	0	0	0	0	1,066,646	1,451,989	5,260,886	7,779,520
	3.2 Outsourced Services	0	0	0	0	0	0	489,948	166,401	590,706	1,247,055
	3.3 EDP Equipment and Software (incl $ 506,358 for affiliated services)	0	0	0	0	0	0	89,070	121,248	296,040	506,358
	3.4 Other Equipment (excl. EDP) (incl $ 48,604 for affiliated services)	0	0	0	0	0	0	8,550	11,638	28,416	48,604
	3.5 Accreditation and Certification (incl $ 5,277 for affiliated services)	0	XXX	XXX	XXX	XXX	0	928	1,264	3,085	5,277
	3.6 Other Expenses (incl $ 17,405,693 for affiliated services)	3,021,273	0	0	0	0	3,021,273	2,449,730	3,247,469	15,104,874	23,823,346
	3.7 Subtotal before Reimbursements and Taxes (Lines 3.1 to 3.6)	3,021,273	0	0	0	0	3,021,273	4,104,872	5,000,008	21,284,007	33,410,161
	3.8 Reimbursements by uninsured plans and fiscal intermediaries	0	0	0	0	0	0	0	0	0	0
	3.9 Taxes, Licenses and Fees (in total, for tying purposes)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	4,066,788	4,066,788
	3.10 Total (3.7 to 3.9)	3,021,273	0	0	0	0	3,021,273	4,104,872	5,000,008	25,350,796	37,476,949
	3.11 Total Fraud and Abuse Detection/Recovery Expenses included in Column 7 (informational only)	0	0	0	0	0	0	1,195,672	0	0	1,195,672

SUPPLEMENT FOR THE YEAR 2018 OF THE UnitedHealthcare Insurance Company

SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 3 (Continued)

	All Expenses	Improving Health Care Quality Expenses						Claims Adjustment Expenses		9	10
		1 Improve Health Outcomes	2 Activities to Prevent Hospital Readmissions	3 Improve Patient Safety and Reduce Medical Errors	4 Wellness & Health Promotion Activities	5 HIT Expenses	6 Total (1 to 5)	7 Cost Containment Expenses	8 Other Claims Adjustment Expenses	General Administrative Expenses	Total Expenses (6 to 9)
4.	Individual Mini-Med Plans Expenses:										
	4.1 Salaries (including $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	4.2 Outsourced Services	0	0	0	0	0	0	0	0	0	0
	4.3 EDP Equipment and Software (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	4.4 Other Equipment (excl. EDP) (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	4.5 Accreditation and Certification (incl $ 0 for affiliated services)	0	XXX	XXX	XXX	XXX	0	0	0	0	0
	4.6 Other Expenses (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	4.7 Subtotal before Reimbursements and Taxes (Lines 4.1 to 4.6)	0	0	0	0	0	0	0	0	0	0
	4.8 Reimbursements by uninsured plans and fiscal intermediaries	0	0	0	0	0	0	0	0	0	0
	4.9 Taxes, Licenses and Fees (in total, for tying purposes)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0
	4.10 Total (4.7 to 4.9)	0	0	0	0	0	0	0	0	0	0
	4.11 Total Fraud and Abuse Detection/Recovery Expenses included in Column 7 (informational only)	0	0	0	0	0	0	0	0	0	0
5.	Small Group Mini-Med Plans Expenses:										
	5.1 Salaries (including $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	5.2 Outsourced Services	0	0	0	0	0	0	0	0	0	0
	5.3 EDP Equipment and Software (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	5.4 Other Equipment (excl. EDP) (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	5.5 Accreditation and Certification (incl $ 0 for affiliated services)	0	XXX	XXX	XXX	XXX	0	0	0	0	0
	5.6 Other Expenses (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	5.7 Subtotal before Reimbursements and Taxes (Lines 5.1 to 5.6)	0	0	0	0	0	0	0	0	0	0
	5.8 Reimbursements by uninsured plans and fiscal intermediaries	0	0	0	0	0	0	0	0	0	0
	5.9 Taxes, Licenses and Fees (in total, for tying purposes)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0
	5.10 Total (5.7 to 5.9)	0	0	0	0	0	0	0	0	0	0
	5.11 Total Fraud and Abuse Detection/Recovery Expenses included in Column 7 (informational only)	0	0	0	0	0	0	0	0	0	0
6.	Large Group Mini-Med Plans Expenses:										
	6.1 Salaries (including $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	6.2 Outsourced Services	0	0	0	0	0	0	0	0	0	0
	6.3 EDP Equipment and Software (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	6.4 Other Equipment (excl. EDP) (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	6.5 Accreditation and Certification (incl $ 0 for affiliated services)	0	XXX	XXX	XXX	XXX	0	0	0	0	0
	6.6 Other Expenses (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	6.7 Subtotal before Reimbursements and Taxes (Lines 6.1 to 6.6)	0	0	0	0	0	0	0	0	0	0
	6.8 Reimbursements by uninsured plans and fiscal intermediaries	0	0	0	0	0	0	0	0	0	0
	6.9 Taxes, Licenses and Fees (in total, for tying purposes)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0
	6.10 Total (6.7 to 6.9)	0	0	0	0	0	0	0	0	0	0
	6.11 Total Fraud and Abuse Detection/Recovery Expenses included in Column 7 (informational only)	0	0	0	0	0	0	0	0	0	0

SUPPLEMENT FOR THE YEAR 2018 OF THE UnitedHealthcare Insurance Company

SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 3 (Continued)

	All Expenses	Improving Health Care Quality Expenses						Claims Adjustment Expenses		9	10
		1 Improve Health Outcomes	2 Activities to Prevent Hospital Readmissions	3 Improve Patient Safety and Reduce Medical Errors	4 Wellness & Health Promotion Activities	5 HIT Expenses	6 Total (1 to 5)	7 Cost Containment Expenses	8 Other Claims Adjustment Expenses	General Administrative Expenses	Total Expenses (6 to 9)
7.	Small Group Expatriate Plans Expenses:										
	7.1 Salaries (including $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	7.2 Outsourced Services	0	0	0	0	0	0	0	0	0	0
	7.3 EDP Equipment and Software (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	7.4 Other Equipment (excl. EDP) (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	7.5 Accreditation and Certification (incl $ 0 for affiliated services)	0	XXX	XXX	XXX	XXX	0	0	0	0	0
	7.6 Other Expenses (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	7.7 Subtotal before Reimbursements and Taxes (Lines 7.1 to 7.6)	0	0	0	0	0	0	0	0	0	0
	7.8 Reimbursements by uninsured plans and fiscal intermediaries	0	0	0	0	0	0	0	0	0	0
	7.9 Taxes, Licenses and Fees (in total, for tying purposes)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0
	7.10 Total (7.7 to 7.9)	0	0	0	0	0	0	0	0	0	0
	7.11 Total Fraud and Abuse Detection/Recovery Expenses included in Column 7 (informational only)	0	0	0	0	0	0	0	0	0	0
8.	Large Group Expatriate Plans Expenses:										
	8.1 Salaries (including $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	8.2 Outsourced Services	0	0	0	0	0	0	0	0	0	0
	8.3 EDP Equipment and Software (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	8.4 Other Equipment (excl. EDP) (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	8.5 Accreditation and Certification (incl $ 0 for affiliated services)	0	XXX	XXX	XXX	XXX	0	0	0	0	0
	8.6 Other Expenses (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	8.7 Subtotal before Reimbursements and Taxes (Lines 8.1 to 8.6)	0	0	0	0	0	0	0	0	0	0
	8.8 Reimbursements by uninsured plans and fiscal intermediaries	0	0	0	0	0	0	0	0	0	0
	8.9 Taxes, Licenses and Fees (in total, for tying purposes)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0
	8.10 Total (8.7 to 8.9)	0	0	0	0	0	0	0	0	0	0
	8.11 Total Fraud and Abuse Detection/Recovery Expenses included in Column 7 (informational only)	0	0	0	0	0	0	0	0	0	0
9.	Student Health Plans Expenses:										
	9.1 Salaries (including $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	9.2 Outsourced Services	0	0	0	0	0	0	0	0	0	0
	9.3 EDP Equipment and Software (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	9.4 Other Equipment (excl. EDP) (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	9.5 Accreditation and Certification (incl $ 0 for affiliated services)	0	XXX	XXX	XXX	XXX	0	0	0	0	0
	9.6 Other Expenses (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	9.7 Subtotal before Reimbursements and Taxes (Lines 9.1 to 9.6)	0	0	0	0	0	0	0	0	0	0
	9.8 Reimbursements by uninsured plans and fiscal intermediaries	0	0	0	0	0	0	0	0	0	0
	9.9 Taxes, Licenses and Fees (in total, for tying purposes)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0
	9.10 Total (9.7 to 9.9)	0	0	0	0	0	0	0	0	0	0
	9.11 Total Fraud and Abuse Detection/Recovery Expenses included in Column 7 (informational only)	0	0	0	0	0	0	0	0	0	0

SUPPLEMENT FOR THE YEAR 2018 OF THE UnitedHealthcare Insurance Company

SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 1

(To Be Filed by April 1 - Not for Rebate Purposes - See Cautionary Statement at http://www.naic.org/documents/committees_e_app_blanks_related_shce_cautionary_statement.pdf)

REPORT FOR: 1. CORPORATION UnitedHealthcare Insurance Company 2. 185 Asylum Street Hartford, CT 061033408 (LOCATION)

NAIC Group Code 0707 BUSINESS IN THE STATE OF Connecticut DURING THE YEAR 2018 NAIC Company Code 79413

	Business Subject to MLR								9	10	11	12	13	14	15
	Comprehensive Health Coverage			Mini-Med Plans			Expatriate Plans								
	1 Individual	2 Small Group Employer	3 Large Group Employer	4 Individual	5 Small Group Employer	6 Large Group Employer	7 Small Group	8 Large Group	Student Health Plans	Government Business (excluded by statute)	Other Health Business	Medicare Advantage Part C and Medicare Part D Stand-Alone Subject to ACA	Subtotal (Cols. 1 through 12)	Uninsured Plans	Total 13 + 14
1. Premium:															
1.1 Health premiums earned (From Part 2, Line 1.11)	276,915	7,438,577	367,216,910	0	0	0	0	132,159,401	692,561,479	0	391,424,215	218,701,856	1,809,779,353	XXX	1,809,779,353
1.2 Federal high risk pools	0	0	0	0	0	0	0	0	0	0	0	0	0	XXX	0
1.3 State high risk pools	(2,680)	(178)	(54,907)	0	0	0	0	(2,401)	(44,600)	0	7,769	(7)	(97,003)	XXX	(97,003)
1.4 Premiums earned including state and federal high risk programs (Lines 1.1 + 1.2 + 1.3)	274,236	7,438,398	367,162,003	0	0	0	0	132,157,000	692,516,879	0	391,431,985	218,701,849	1,809,682,350	XXX	1,809,682,350
1.5 Federal taxes and federal assessments	(16,671)	540,098	9,834,570	0	0	0	0	2,385,659	26,990,189	(3)	(8,185,029)	12,220,546	43,769,358	40,097	43,809,455
1.6 State insurance, premium and other taxes (Similar local taxes of $ 218,479)	(20,089)	106,064	4,457,005	0	0	0	0	817,898	10,234,442	8	5,352,172	22,915	20,970,415	(4)	20,970,411
1.6a Community Benefit Expenditures (informational only)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
1.7 Regulatory authority licenses and fees	298,620	24,307	633,942	0	0	0	0	78,291	52,967	0	54,289	0	1,142,416	0	1,142,416
1.8 Adjusted Premiums Earned (Lines 1.4 - 1.5 - 1.6 - 1.7)	12,376	6,767,929	352,236,486	0	0	0	0	128,875,152	655,239,281	(5)	394,210,553	206,458,387	1,743,800,160	XXX	1,743,760,068
1.9 Net Assumed less Ceded reinsurance premiums earned	216	21,054	(65,336,288)	0	0	0	0	2,640,920	38,338,525	0	(279,505)	588,578	(24,026,499)	XXX	(24,026,499)
1.10 Other Adjustments due to MLR calculations - Premiums	86,644	10,563	71,030	0	0	0	0	1,727	0	0	1,207	791,828	962,997	XXX	962,997
1.11 Risk Revenue	0	0	0	0	0	0	0	0	0	0	0	0	0	XXX	0
1.12 Net adjusted premiums earned after reinsurance (Lines 1.8 + 1.9 + 1.10 + 1.11)	99,236	6,799,546	286,971,228	0	0	0	0	131,517,799	693,577,806	(5)	393,932,255	207,838,793	1,720,736,658	XXX	1,720,696,566
2. Claims:															
2.1 Incurred claims excluding prescription drugs	135,561	3,096,028	249,252,322	0	0	0	0	73,251,490	457,050,573	8	243,106,190	120,225,431	1,146,117,602	XXX	1,146,117,602
2.2 Prescription drugs	25,575	1,433,319	63,903,777	0	0	0	0	9,570,049	110,993,103	0	140,308,323	128,674,532	454,908,679	XXX	454,908,679
2.3 Pharmaceutical rebates	17,391	338,365	17,310,937	0	0	0	0	2,434,518	26,524,436	0	152,668	73,357,067	120,135,382	XXX	120,135,382
2.4 State stop loss, market stabilization and claim/census based assessments (informational only)	808	91,566	2,862,984	0	0	0	0	332,239	722,084	8	9,860	0	4,019,549	XXX	4,019,549
3. Incurred medical incentive pools and bonuses	596	26,777	1,163,141	0	0	0	0	83,489	23,051	0	115,216	(461,655)	950,615	XXX	950,615
4. Deductible Fraud and Abuse Detection/Recovery Expenses (for MLR use only)	24	783	54,311	0	0	0	0	0	40	0	0	36,762	91,920	0	91,920
5. 5.0 Total Incurred Claims (Lines 2.1 + 2.2 - 2.3 + 3) (From Part 2, Line 2.15)	144,341	4,217,759	297,008,303	0	0	0	0	80,470,510	541,542,292	8	383,377,061	175,081,240	1,481,841,514	XXX	1,481,841,514
5.1 Net Assumed less Ceded reinsurance claims incurred	26	(328)	(52,705,425)	0	0	0	0	1,566,985	32,521,740	0	(335,736)	0	(18,952,738)	XXX	(18,952,738)
5.2 Other Adjustments due to MLR calculations - Claims	0	0	5	0	0	0	0	0	0	0	0	0	5	XXX	5
5.3 Rebates paid	0	0	0	0	0	0	0	0	0	XXX	XXX	0	0	XXX	0
5.4 Estimated rebates unpaid prior year	0	0	5	0	0	0	0	0	0	XXX	XXX	0	5	XXX	5
5.5 Estimated rebates unpaid current year	0	0	0	0	0	0	0	0	0	XXX	XXX	0	0	XXX	0
5.6 Fee for service and co-pay revenue	0	0	0	0	0	0	0	0	0	0	0	0	0	XXX	0
5.7 Net incurred claims after reinsurance (Lines 5.0 + 5.1 + 5.2 + 5.3 - 5.4 + 5.5 - 5.6)	144,367	4,217,431	244,302,878	0	0	0	0	82,037,495	574,064,032	8	383,041,325	175,081,240	1,462,888,776	XXX	1,462,888,776
6. Improving Health Care Quality Expenses Incurred:															
6.1 Improve health outcomes	2,215	59,509	2,937,735	0	0	0	0	1,057,275	5,540,492	0	611,873	1,030,763	11,239,863	0	11,239,863
6.2 Activities to prevent hospital readmissions	0	0	0	0	0	0	0	0	0	0	184,253	228,603	412,856	0	412,856
6.3 Improve patient safety and reduce medical errors	0	0	0	0	0	0	0	0	0	0	144,366	696,356	840,722	0	840,722
6.4 Wellness and health promotion activities	0	0	0	0	0	0	0	0	0	0	1,921,077	(20,602)	1,900,475	0	1,900,475
6.5 Health Information Technology expenses related to health improvement	0	0	0	0	0	0	0	0	0	0	123,942	759,994	883,936	0	883,936
6.6 Total of Defined Expenses Incurred for Improving Health Care Quality (Lines 6.1+6.2+6.3+6.4+6.5)	2,215	59,509	2,937,735	0	0	0	0	1,057,275	5,540,492	0	2,985,511	2,695,115	15,277,853	0	15,277,853
7. Preliminary Medical Loss Ratio: MLR ((Lines 4 + 5.0 + 6.6 - Footnote 2.0)/Line 1.8	11.217	0.632	0.852	0.000	0.000	0.000	0.000	0.633	0.835	XXX	XXX	0.861	XXX	XXX	XXX
8. Claims Adjustment Expenses:															
8.1 Cost containment expenses not included in quality of care expenses in Line 6.6	5,670	82,769	3,406,886	0	0	0	0	43,839	5,522,654	0	286,810	(6,061,564)	3,287,064	(147,934)	3,139,130
8.2 All other claims adjustment expenses	7,068	94,389	4,376,994	0	0	0	0	147,337	9,827,368	0	3,862,384	12,482,784	30,798,324	0	30,798,324
8.3 Total claims adjustment expenses (Lines 8.1 + 8.2)	12,738	177,158	7,783,880	0	0	0	0	191,176	15,350,022	0	4,149,193	6,421,220	34,085,388	(147,934)	33,937,454
9. Claims Adjustment Expense Ratio (Line 8.3/Line 1.8)	1.029	0.026	0.022	0.000	0.000	0.000	(2.000)	0.001	0.023	0.000	0.011	0.031	XXX	XXX	XXX

SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 1 (Continued)

	Business Subject to MLR									10	11	12	13	14	15
	Comprehensive Health Coverage			Mini-Med Plans			Expatriate Plans		9						
	1 Individual	2 Small Group Employer	3 Large Group Employer	4 Individual	5 Small Group Employer	6 Large Group Employer	7 Small Group	8 Large Group	Student Health Plans	Government Business (excluded by statute)	Other Health Business	Medicare Advantage Part C and Medicare Part D Stand-Alone Subject to ACA	Subtotal (Cols. 1 through 12)	Uninsured Plans	Total 13 + 14
10. General and Administrative (G&A) Expenses:															
10.1 Direct sales salaries and benefits	264	25,032	1,407,272	0	0	0	0	0	3,989,247	0	442,718	316,283	6,180,816	0	6,180,816
10.2 Agents and brokers fees and commissions	3,934	393,562	13,394,490	0	0	0	0	8,310,286	15,014,453	0	10,225,589	1,154,091	48,496,404	0	48,496,404
10.3 Other taxes (excluding taxes on Lines 1.5 through 1.7 and Line 14 below)	(421)	(16,393)	390,825	0	0	0	0	1,085,302	993,553	0	514,359	355,763	3,322,988	0	3,322,988
10.4 Other general and administrative expenses	110,493	343,548	6,120,577	0	0	0	0	29,403,649	34,572,685	0	28,116,819	11,623,691	110,291,461	0	110,291,461
10.4a Community Benefit Expenditures (informational only)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
10.5 Total general and administrative (Lines 10.1 +10.2 + 10.3 + 10.4)	114,270	745,749	21,313,163	0	0	0	0	38,799,236	54,569,938	0	39,299,485	13,449,828	168,291,668	0	168,291,668
11. Underwriting Gain/(Loss) (Lines 1.12 - 5.7 - 6.6 - 8.3 - 10.5)	(174,354)	1,599,700	10,633,572	0	0	0	0	9,432,616	44,053,322	(13)	(35,543,260)	10,191,389	40,192,974	XXX	40,300,815
12. Income from fees of uninsured plans	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	53,306	53,306
13. Net investment and other gain/(loss)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	26,364,061	XXX	26,364,061
14. Federal income taxes (excluding taxes on Line 1.5 above)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1,531,329	XXX	1,531,329
15. Net gain or (loss) (Lines 11 + 12 + 13 - 14)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	65,025,706	XXX	65,186,853
16. ICD-10 Implementation Expenses (informational only; already included in general expenses and line 10.4)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
16. 16a ICD-10 Implementation Expenses (informational only; already included in line 10.4)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
OTHER INDICATORS:															
1. Number of certificates/policies	40	747	30,855	0	0	0	0	632	348,552	0	195,361	78,813	655,000	0	655,000
2. Number of Covered Lives	43	1,274	57,243	0	0	0	0	31,944	359,124	0	275,965	78,813	804,406	0	804,406
3. Number of Groups	XXX	132	381	XXX	0	0	0	632	470	0	1,247	13	2,875	0	2,875
4. Member Months	612	14,009	675,423	0	0	0	0	384,695	4,135,606	0	3,312,492	958,790	9,481,627	0	9,481,627

Is run off business reported in Columns 1 through 9 or 12? Yes [ ] No [ ] If yes, show the amount of premiums and claims included. Premiums $ 0 Claims $ 0

AFFORDABLE CARE ACT (ACA) RECEIPTS, PAYMENTS, RECEIVABLES and PAYABLES

	Current Year Comprehensive Health Coverage		Prior Year Comprehensive Health Coverage	
	1 Individual Plans	2 Small Group Employer Plans	3 Individual Plans	4 Small Group Employer Plans
ACA Receivables and Payables				
1. Permanent ACA Risk Adjustment Program				
1.0 Premium adjustments receivable/(payable)	14,215	(725,679)	3,305	465,533
2. Transitional ACA Reinsurance Program				
2.0 Total amounts recoverable for claims (paid & unpaid)	7,755	XXX	269,953	XXX
3. Temporary ACA Risk Corridors Program				
3.1 Accrued retrospective premium	0	0	0	0
3.2 Reserve for rate credits or policy experience refunds	0	0	0	0
ACA Receipts and Payments				
4. Permanent ACA Risk Adjustment Program				
4.0 Premium adjustments receipts/(payments)	8,746	398,365	2,457,916	(125,028)
5. Transitional ACA Reinsurance Program				
5.0 Amounts received for claims	262,199	XXX	1,557,994	XXX
6. Temporary ACA Risk Corridors Program				
6.1 Retrospective premium received	0	99	0	0
6.2 Rate credits or policy experience refunds paid	0	0	0	34,243

SUPPLEMENT FOR THE YEAR 2018 OF THE UnitedHealthcare Insurance Company

SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 2

(To Be Filed by April 1 - Not for Rebate Purposes)

REPORT FOR: 1. CORPORATION UnitedHealthcare Insurance Company 2. 185 Asylum Street Hartford, CT 061033408 (LOCATION)

NAIC Group Code 0707 BUSINESS IN THE STATE OF Connecticut DURING THE YEAR 2018 NAIC Company Code 79413

	Business Subject to MLR												
	Comprehensive Health Coverage			Mini-Med Plans			Expatriate Plans:		9	10	11	12	13
	1 Individual	2 Small Group Employer	3 Large Group Employer	4 Individual	5 Small Group Employer	6 Large Group Employer	7 Small Group	8 Large Group	Student Health Plans	Government Business (excluded by statute)	Other Health Business	Medicare Advantage Part C and Medicare Part D Stand-Alone Subject to ACA	Total (a)
1. Health Premiums Earned:													
1.1 Direct premiums written	363,559	7,448,682	367,284,424	0	0	0	0	132,161,128	716,540,489	0	391,415,787	219,493,683	1,834,707,752
1.2 Unearned premium prior year	0	457	0	0	0	0	0	0	224,427,367	0	63,132	0	224,490,956
1.3 Unearned premium current year	0	0	(3,516)	0	0	0	0	0	248,406,377	0	53,496	0	248,456,358
1.4 Change in unearned premium (Lines 1.2 - 1.3)	0	457	3,516	0	0	0	0	0	(23,979,010)	0	9,636	0	(23,965,402)
1.5 Paid rate credits	105,542	(99)	52,488	0	0	0	0	0	0	0	896,398	3,628,841	4,683,170
1.6 Reserve for rate credits current year	0	0	1,073,938	0	0	0	0	0	2,834,678	0	229,893	5,453,159	9,591,667
1.7 Reserve for rate credits prior year	0	0	1,036,430	0	0	0	0	0	0	0	130,581	5,469,863	6,636,874
1.8 Change in reserve for rate credits (Lines 1.6 - 1.7)	0	0	37,508	0	0	0	0	0	2,834,678	0	99,311	(16,704)	2,954,793
1.9 Premium balances written off	86,644	10,563	71,030	0	0	0	0	1,727	0	0	1,207	791,828	962,997
1.10 Group conversion charge	0	0	0	0	0	0	0	0	0	0	0	0	0
1.11 Total direct premiums earned (Lines 1.1 + 1.4 - 1.9 + 1.10)	276,915	7,438,577	367,216,910	0	0	0	0	132,159,401	692,561,479	0	391,424,215	218,701,855	1,809,779,353
1.12 Assumed premiums earned from non-affiliates	0	0	690,744	0	0	0	0	0	12,774,339	0	0	0	13,465,083
1.13 Net Assumed less Ceded premiums earned from affiliates	216	21,054	41,682	0	0	0	0	2,640,920	23,302,597	0	0	588,578	26,595,047
1.14 Ceded premiums earned to non-affiliates	0	0	66,068,713	0	0	0	0	0	(2,261,589)	0	279,505	0	64,086,628
1.15 Other Adjustments due to MLR calculation - Premiums	86,644	10,563	71,030	0	0	0	0	1,727	0	0	1,207	791,828	962,997
1.16 Net premiums earned (Lines 1.11 - 1.5 - 1.8 + 1.12 + 1.13 - 1.14 + 1.15)	258,233	7,470,292	301,861,656	0	0	0	0	134,802,048	728,065,326	0	390,150,208	216,470,125	1,779,077,888
2. Direct Claims Incurred:													
2.1 Paid claims during the year	329,309	6,069,567	289,069,903	0	0	0	0	80,266,361	535,736,429	(10,247)	376,471,590	172,831,924	1,460,764,836
2.2 Direct claim liability current year	42,727	(1,078,731)	30,411,872	0	0	0	0	19,623,252	99,550,684	0	31,196,647	2,966,568	182,713,018
2.3 Direct claim liability prior year	258,774	730,485	22,582,047	0	0	0	0	19,365,847	95,580,258	(10,254)	27,382,470	8,960,964	174,850,591
2.4 Direct claim reserves current year	2,092	145	845,881	0	0	0	0	265,678	11,357	0	11,009,858	486	12,135,498
2.5 Direct claim reserves prior year	14,915	8,383	641,911	0	0	0	0	234,308	5,055	0	10,082,154	269	10,986,996
2.6 Direct contract reserves current year	194,080	0	0	0	0	0	0	0	0	0	90,846	0	284,926
2.7 Direct contract reserves prior year	259,401	0	0	0	0	0	0	0	0	0	32,205	0	291,606
2.8 Paid rate credits	105,542	(99)	52,488	0	0	0	0	0	0	0	896,398	3,628,841	4,683,170
2.9 Reserve for rate credits current year	0	0	1,073,938	0	0	0	0	0	2,834,678	0	229,893	5,453,159	9,591,667
2.10 Reserve for rate credits prior year	0	0	1,036,430	0	0	0	0	0	0	0	130,581	5,469,863	6,636,874
2.11 Incurred medical incentive pools and bonuses (Lines 2.11a + 2.11b - 2.11c)	596	26,777	1,163,141	0	0	0	0	83,489	23,051	0	115,216	(461,655)	950,615
2.11a Paid medical incentive pools and bonuses current year	1,040	11,955	548,635	0	0	0	0	34,561	3,484	0	115,216	113,708	828,599
2.11b Accrued medical incentive pools and bonuses current year	491	20,381	928,206	0	0	0	0	147,741	24,264	0	0	27,940	1,149,022
2.11c Accrued medical incentive pools and bonuses prior year	934	5,559	313,700	0	0	0	0	98,813	4,697	0	0	603,302	1,027,005
2.12 Net healthcare receivables (Lines 2.12a - 2.12b)	(3,085)	61,032	1,348,532	0	0	0	0	168,116	1,028,594	0	(994,026)	(5,093,014)	(3,483,852)
2.12a Healthcare receivables current year	1,032	197,278	6,906,873	0	0	0	0	866,050	9,503,359	0	(992,697)	29,884,164	46,366,059
2.12b Healthcare receivables prior year	4,116	136,246	5,558,341	0	0	0	0	697,935	8,474,765	0	1,330	34,977,179	49,849,911
2.13 Group conversion charge	0	0	0	0	0	0	0	0	0	0	0	0	0
2.14 Multi-option coverage blended rate adjustment	0	0	0	0	0	0	0	0	0	0	0	0	0
2.15 Total incurred claims (Lines 2.1 + 2.2 - 2.3 + 2.4 - 2.5 + 2.6 - 2.7 + 2.8 + 2.9 - 2.10 + 2.11 - 2.12 + 2.13 + 2.14)	144,341	4,217,759	297,008,303	0	0	0	0	80,470,510	541,542,292	8	383,377,061	175,081,240	1,481,841,514
2.16 Assumed incurred claims from non-affiliates	0	0	308,812	0	0	0	0	0	9,190,277	0	0	0	9,499,090
2.17 Net assumed less ceded incurred claims from affiliates	26	(328)	10,792	0	0	0	0	1,567,389	21,167,561	0	0	0	22,745,439
2.18 Ceded incurred claims to non-affiliates	0	0	53,025,029	0	0	0	0	404	(2,163,902)	0	335,736	0	51,197,267
2.19 Other adjustments due to MLR calculation - Claims	0	0	0	0	0	0	0	0	0	0	0	0	0
2.20 Net Incurred Claims (Lines 2.15 - 2.8 - 2.9 + 2.10 + 2.16 + 2.17 - 2.18 + 2.19)	38,824	4,217,530	244,212,882	0	0	0	0	82,037,495	571,229,354	8	382,045,616	171,469,104	1,455,250,812
3. Fraud and Abuse Recoveries that Reduced PAID Claims in Line 2.1 above (informational only)	24	783	54,311	0	0	0	0	0	40	0	0	36,762	91,920

(a) Column 13, Line 1.1 includes direct written premium of $ 11,797,464 for stand-alone dental and $ 4,876,554 for stand-alone vision policies.

SUPPLEMENT FOR THE YEAR 2018 OF THE UnitedHealthcare Insurance Company

SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 3

(To Be Filed by April 1 - Not for Rebate Purposes)

REPORT FOR: 1. CORPORATION UnitedHealthcare Insurance Company 2. 185 Asylum Street Hartford, CT 061033408 (LOCATION)

NAIC Group Code 0707 BUSINESS IN THE STATE OF Connecticut DURING THE YEAR 2018 NAIC Company Code 79413

	All Expenses	Improving Health Care Quality Expenses						Claims Adjustment Expenses		9	10
		1 Improve Health Outcomes	2 Activities to Prevent Hospital Readmissions	3 Improve Patient Safety and Reduce Medical Errors	4 Wellness & Health Promotion Activities	5 HIT Expenses	6 Total (1 to 5)	7 Cost Containment Expenses	8 Other Claims Adjustment Expenses	General Administrative Expenses	Total Expenses (6 to 9)
1.	Individual Comprehensive Coverage Expenses:										
	1.1 Salaries (including $ 11,920 for affiliated services)	0	0	0	0	0	0	566	3,785	7,569	11,920
	1.2 Outsourced Services	0	0	0	0	0	0	3,760	115	1,189	5,063
	1.3 EDP Equipment and Software (incl $ 286 for affiliated services)	0	0	0	0	0	0	47	76	162	286
	1.4 Other Equipment (excl. EDP) (incl $ 27 for affiliated services)	0	0	0	0	0	0	5	7	2	14
	1.5 Accreditation and Certification (incl $ 3 for affiliated services)	0	XXX	XXX	XXX	XXX	0	0	1	2	3
	1.6 Other Expenses (incl $ 7,352 for affiliated services)	2,215	0	0	0	0	2,215	1,267	3,058	105,749	112,289
	1.7 Subtotal before Reimbursements and Taxes (Lines 1.1 to 1.6)	2,215	0	0	0	0	2,215	5,646	7,042	114,673	129,575
	1.8 Reimbursements by uninsured plans and fiscal intermediaries	0	0	0	0	0	0	0	0	0	0
	1.9 Taxes, Licenses and Fees (in total, for tying purposes)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	278,179	278,179
	1.10 Total (1.7 to 1.9)	2,215	0	0	0	0	2,215	5,646	7,042	392,852	407,755
	1.11 Total Fraud and Abuse Detection/Recovery Expenses included in Column 7 (informational only)	0	0	0	0	0	0	213	0	0	213
2.	Small Group Comprehensive Coverage Expenses:										
	2.1 Salaries (including $ 160,228 for affiliated services)	0	0	0	0	0	0	19,553	26,689	113,987	160,228
	2.2 Outsourced Services	0	0	0	0	0	0	13,581	3,059	12,459	29,099
	2.3 EDP Equipment and Software (incl $ 11,365 for affiliated services)	0	0	0	0	0	0	1,633	2,229	7,503	11,365
	2.4 Other Equipment (excl. EDP) (incl $ 1,091 for affiliated services)	0	0	0	0	0	0	157	214	720	1,091
	2.5 Accreditation and Certification (incl $ 118 for affiliated services)	0	XXX	XXX	XXX	XXX	0	17	23	78	118
	2.6 Other Expenses (incl $ 373,921 for affiliated services)	59,509	0	0	0	0	59,509	45,494	59,691	625,624	790,318
	2.7 Subtotal before Reimbursements and Taxes (Lines 2.1 to 2.6)	59,509	0	0	0	0	59,509	80,435	91,905	760,372	992,220
	2.8 Reimbursements by uninsured plans and fiscal intermediaries	0	0	0	0	0	0	0	0	0	0
	2.9 Taxes, Licenses and Fees (in total, for tying purposes)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	120,566	120,566
	2.10 Total (2.7 to 2.9)	59,509	0	0	0	0	59,509	80,435	91,905	880,938	1,112,786
	2.11 Total Fraud and Abuse Detection/Recovery Expenses included in Column 7 (informational only)	0	0	0	0	0	0	20,149	0	0	20,149
3.	Large Group Comprehensive Coverage Expenses:										
	3.1 Salaries (including $ 6,642,461 for affiliated services)	0	0	0	0	0	0	855,346	1,246,281	4,540,835	6,642,461
	3.2 Outsourced Services	0	0	0	0	0	0	399,765	142,826	520,716	1,063,307
	3.3 EDP Equipment and Software (incl $ 441,389 for affiliated services)	0	0	0	0	0	0	71,425	104,070	265,893	441,389
	3.4 Other Equipment (excl. EDP) (incl $ 42,368 for affiliated services)	0	0	0	0	0	0	6,856	9,990	25,523	42,368
	3.5 Accreditation and Certification (incl $ 4,600 for affiliated services)	0	XXX	XXX	XXX	XXX	0	744	1,085	2,771	4,600
	3.6 Other Expenses (incl $ 14,775,155 for affiliated services)	2,937,735	0	0	0	0	2,937,735	1,970,546	2,787,390	15,475,198	23,170,870
	3.7 Subtotal before Reimbursements and Taxes (Lines 3.1 to 3.6)	2,937,735	0	0	0	0	2,937,735	3,304,682	4,291,642	20,830,935	31,364,995
	3.8 Reimbursements by uninsured plans and fiscal intermediaries	0	0	0	0	0	0	0	0	4	4
	3.9 Taxes, Licenses and Fees (in total, for tying purposes)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	5,760,726	5,760,726
	3.10 Total (3.7 to 3.9)	2,937,735	0	0	0	0	2,937,735	3,304,682	4,291,642	26,591,666	37,125,726
	3.11 Total Fraud and Abuse Detection/Recovery Expenses included in Column 7 (informational only)	0	0	0	0	0	0	951,610	0	0	951,610

SUPPLEMENT FOR THE YEAR 2018 OF THE UnitedHealthcare Insurance Company

SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 3 (Continued)

	All Expenses	Improving Health Care Quality Expenses						Claims Adjustment Expenses		9	10
		1 Improve Health Outcomes	2 Activities to Prevent Hospital Readmissions	3 Improve Patient Safety and Reduce Medical Errors	4 Wellness & Health Promotion Activities	5 HIT Expenses	6 Total (1 to 5)	7 Cost Containment Expenses	8 Other Claims Adjustment Expenses	General Administrative Expenses	Total Expenses (6 to 9)
4.	Individual Mini-Med Plans Expenses:										
	4.1 Salaries (including $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	4.2 Outsourced Services	0	0	0	0	0	0	0	0	0	0
	4.3 EDP Equipment and Software (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	4.4 Other Equipment (excl. EDP) (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	4.5 Accreditation and Certification (incl $ 0 for affiliated services)	0	XXX	XXX	XXX	XXX	0	0	0	0	0
	4.6 Other Expenses (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	4.7 Subtotal before Reimbursements and Taxes (Lines 4.1 to 4.6)	0	0	0	0	0	0	0	0	0	0
	4.8 Reimbursements by uninsured plans and fiscal intermediaries	0	0	0	0	0	0	0	0	0	0
	4.9 Taxes, Licenses and Fees (in total, for tying purposes)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0
	4.10 Total (4.7 to 4.9)	0	0	0	0	0	0	0	0	0	0
	4.11 Total Fraud and Abuse Detection/Recovery Expenses included in Column 7 (informational only)	0	0	0	0	0	0	0	0	0	0
5.	Small Group Mini-Med Plans Expenses:										
	5.1 Salaries (including $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	5.2 Outsourced Services	0	0	0	0	0	0	0	0	0	0
	5.3 EDP Equipment and Software (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	5.4 Other Equipment (excl. EDP) (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	5.5 Accreditation and Certification (incl $ 0 for affiliated services)	0	XXX	XXX	XXX	XXX	0	0	0	0	0
	5.6 Other Expenses (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	5.7 Subtotal before Reimbursements and Taxes (Lines 5.1 to 5.6)	0	0	0	0	0	0	0	0	0	0
	5.8 Reimbursements by uninsured plans and fiscal intermediaries	0	0	0	0	0	0	0	0	0	0
	5.9 Taxes, Licenses and Fees (in total, for tying purposes)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0
	5.10 Total (5.7 to 5.9)	0	0	0	0	0	0	0	0	0	0
	5.11 Total Fraud and Abuse Detection/Recovery Expenses included in Column 7 (informational only)	0	0	0	0	0	0	0	0	0	0
6.	Large Group Mini-Med Plans Expenses:										
	6.1 Salaries (including $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	6.2 Outsourced Services	0	0	0	0	0	0	0	0	0	0
	6.3 EDP Equipment and Software (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	6.4 Other Equipment (excl. EDP) (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	6.5 Accreditation and Certification (incl $ 0 for affiliated services)	0	XXX	XXX	XXX	XXX	0	0	0	0	0
	6.6 Other Expenses (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	6.7 Subtotal before Reimbursements and Taxes (Lines 6.1 to 6.6)	0	0	0	0	0	0	0	0	0	0
	6.8 Reimbursements by uninsured plans and fiscal intermediaries	0	0	0	0	0	0	0	0	0	0
	6.9 Taxes, Licenses and Fees (in total, for tying purposes)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0
	6.10 Total (6.7 to 6.9)	0	0	0	0	0	0	0	0	0	0
	6.11 Total Fraud and Abuse Detection/Recovery Expenses included in Column 7 (informational only)	0	0	0	0	0	0	0	0	0	0

SUPPLEMENT FOR THE YEAR 2018 OF THE UnitedHealthcare Insurance Company

SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 3 (Continued)

	All Expenses	Improving Health Care Quality Expenses						Claims Adjustment Expenses		9	10
		1 Improve Health Outcomes	2 Activities to Prevent Hospital Readmissions	3 Improve Patient Safety and Reduce Medical Errors	4 Wellness & Health Promotion Activities	5 HIT Expenses	6 Total (1 to 5)	7 Cost Containment Expenses	8 Other Claims Adjustment Expenses	General Administrative Expenses	Total Expenses (6 to 9)
7.	Small Group Expatriate Plans Expenses:										
	7.1 Salaries (including $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	7.2 Outsourced Services	0	0	0	0	0	0	0	0	0	0
	7.3 EDP Equipment and Software (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	7.4 Other Equipment (excl. EDP) (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	7.5 Accreditation and Certification (incl $ 0 for affiliated services)	0	XXX	XXX	XXX	XXX	0	0	0	0	0
	7.6 Other Expenses (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	7.7 Subtotal before Reimbursements and Taxes (Lines 7.1 to 7.6)	0	0	0	0	0	0	0	0	0	0
	7.8 Reimbursements by uninsured plans and fiscal intermediaries	0	0	0	0	0	0	0	0	0	0
	7.9 Taxes, Licenses and Fees (in total, for tying purposes)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0
	7.10 Total (7.7 to 7.9)	0	0	0	0	0	0	0	0	0	0
	7.11 Total Fraud and Abuse Detection/Recovery Expenses included in Column 7 (informational only)	0	0	0	0	0	0	0	0	0	0
8.	Large Group Expatriate Plans Expenses:										
	8.1 Salaries (including $ 8,518,248 for affiliated services)	0	0	0	0	0	0	12,731	42,786	8,462,731	8,518,248
	8.2 Outsourced Services	0	0	0	0	0	0	1,459	4,903	971,050	977,413
	8.3 EDP Equipment and Software (incl $ 711,313 for affiliated services)	0	0	0	0	0	0	1,063	3,573	706,677	711,313
	8.4 Other Equipment (excl. EDP) (incl $ 68,278 for affiliated services)	0	0	0	0	0	0	102	343	67,833	68,278
	8.5 Accreditation and Certification (incl $ 7,414 for affiliated services)	0	XXX	XXX	XXX	XXX	0	11	37	7,365	7,414
	8.6 Other Expenses (incl $ 19,598,134 for affiliated services)	1,057,275	0	0	0	0	1,057,275	28,473	95,694	27,498,278	28,679,721
	8.7 Subtotal before Reimbursements and Taxes (Lines 8.1 to 8.6)	1,057,275	0	0	0	0	1,057,275	43,839	147,337	37,713,934	38,962,386
	8.8 Reimbursements by uninsured plans and fiscal intermediaries	0	0	0	0	0	0	0	0	0	0
	8.9 Taxes, Licenses and Fees (in total, for tying purposes)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1,981,491	1,981,491
	8.10 Total (8.7 to 8.9)	1,057,275	0	0	0	0	1,057,275	43,839	147,337	39,695,425	40,943,877
	8.11 Total Fraud and Abuse Detection/Recovery Expenses included in Column 7 (informational only)	0	0	0	0	0	0	81	0	0	81
9.	Student Health Plans Expenses:										
	9.1 Salaries (including $ 17,060,918 for affiliated services)	0	0	0	0	0	0	1,548,787	2,775,849	12,736,282	17,060,918
	9.2 Outsourced Services	0	0	0	0	0	0	181,385	318,118	1,020,596	1,520,099
	9.3 EDP Equipment and Software (incl $ 1,103,525 for affiliated services)	0	0	0	0	0	0	129,331	231,796	742,398	1,103,525
	9.4 Other Equipment (excl. EDP) (incl $ 105,925 for affiliated services)	0	0	0	0	0	0	12,414	22,250	71,261	105,925
	9.5 Accreditation and Certification (incl $ 11,501 for affiliated services)	0	XXX	XXX	XXX	XXX	0	1,348	2,416	7,738	11,501
	9.6 Other Expenses (incl $ 33,113,789 for affiliated services)	5,540,492	0	0	0	0	5,540,492	3,464,607	6,208,370	38,799,939	54,013,408
	9.7 Subtotal before Reimbursements and Taxes (Lines 9.1 to 9.6)	5,540,492	0	0	0	0	5,540,492	5,337,872	9,558,798	53,378,214	73,815,376
	9.8 Reimbursements by uninsured plans and fiscal intermediaries	0	0	0	0	0	0	0	0	0	0
	9.9 Taxes, Licenses and Fees (in total, for tying purposes)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	11,932,485	11,932,485
	9.10 Total (9.7 to 9.9)	5,540,492	0	0	0	0	5,540,492	5,337,872	9,558,798	65,310,699	85,747,861
	9.11 Total Fraud and Abuse Detection/Recovery Expenses included in Column 7 (informational only)	0	0	0	0	0	0	103,357	0	0	103,357

SUPPLEMENT FOR THE YEAR 2018 OF THE UnitedHealthcare Insurance Company

SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 1

(To Be Filed by April 1 - Not for Rebate Purposes - See Cautionary Statement at http://www.naic.org/documents/committees_e_app_blanks_related_shce_cautionary_statement.pdf)

REPORT FOR: 1. CORPORATION UnitedHealthcare Insurance Company 2. 185 Asylum Street Hartford, CT 061033408 (LOCATION)

NAIC Group Code 0707 BUSINESS IN THE STATE OF Delaware DURING THE YEAR 2018 NAIC Company Code 79413

	Business Subject to MLR									10	11	12	13	14	15
	Comprehensive Health Coverage			Mini-Med Plans			Expatriate Plans		9						
	1 Individual	2 Small Group Employer	3 Large Group Employer	4 Individual	5 Small Group Employer	6 Large Group Employer	7 Small Group	8 Large Group	Student Health Plans	Government Business (excluded by statute)	Other Health Business	Medicare Advantage Part C and Medicare Part D Stand-Alone Subject to ACA	Subtotal (Cols. 1 through 12)	Uninsured Plans	Total 13 + 14
1. Premium:															
1.1 Health premiums earned (From Part 2, Line 1.11)	156,353	3,334,895	10,943,924	0	0	0	0	0	0	0	98,020,068	43,293,407	155,748,647	XXX	155,748,647
1.2 Federal high risk pools	0	0	0	0	0	0	0	0	0	0	0	0	0	XXX	0
1.3 State high risk pools	(171)	(382)	(162)	0	0	0	0	0	0	0	55,099	0	54,384	XXX	54,384
1.4 Premiums earned including state and federal high risk programs (Lines 1.1 + 1.2 + 1.3)	156,183	3,334,513	10,943,762	0	0	0	0	0	0	0	98,075,168	43,293,407	155,803,032	XXX	155,803,032
1.5 Federal taxes and federal assessments	12,055	213,898	499,556	0	0	0	0	0	0	784,538	957,288	1,725,718	4,193,053	0	4,193,053
1.6 State insurance, premium and other taxes (Similar local taxes of $ 14,812)	5,016	134,134	382,203	0	0	0	0	0	0	0	1,225,187	5,232	1,751,772	0	1,751,772
1.6a Community Benefit Expenditures (informational only)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
1.7 Regulatory authority licenses and fees	95	1,413	5,109	0	0	0	0	0	0	0	(23,203)	0	(16,587)	0	(16,587)
1.8 Adjusted Premiums Earned (Lines 1.4 - 1.5 - 1.6 - 1.7)	139,017	2,985,068	10,056,894	0	0	0	0	0	0	(784,538)	95,915,895	41,562,456	149,874,793	XXX	149,874,793
1.9 Net Assumed less Ceded reinsurance premiums earned	0	1,200	(441,091)	0	0	0	0	0	0	0	(133,967)	0	(573,858)	XXX	(573,858)
1.10 Other Adjustments due to MLR calculations - Premiums	0	2,571	0	0	0	0	0	0	0	0	142	222,110	224,822	XXX	224,822
1.11 Risk Revenue	0	0	0	0	0	0	0	0	0	0	0	0	0	XXX	0
1.12 Net adjusted premiums earned after reinsurance (Lines 1.8 + 1.9 + 1.10 + 1.11)	139,017	2,988,838	9,615,803	0	0	0	0	0	0	(784,538)	95,782,070	41,784,567	149,525,757	XXX	149,525,757
2. Claims:															
2.1 Incurred claims excluding prescription drugs	(34,195)	1,689,834	7,892,671	0	0	0	0	0	0	0	75,622,028	13,760,046	98,930,384	XXX	98,930,384
2.2 Prescription drugs	127,413	334,357	693,673	0	0	0	0	0	0	0	1,337,554	45,828,994	48,321,991	XXX	48,321,991
2.3 Pharmaceutical rebates	16,091	127,497	301,746	0	0	0	0	0	0	0	223,435	25,258,342	25,927,112	XXX	25,927,112
2.4 State stop loss, market stabilization and claim/census based assessments (informational only)	0	5,363	6,565	0	0	0	0	0	0	0	1,289	0	13,217	XXX	13,217
3. Incurred medical incentive pools and bonuses	0	1,467	3,256	0	0	0	0	0	0	0	69	0	4,792	XXX	4,792
4. Deductible Fraud and Abuse Detection/Recovery Expenses (for MLR use only)	0	428	170	0	0	0	0	0	0	0	0	0	598	0	598
5. 5.0 Total Incurred Claims (Lines 2.1 + 2.2 - 2.3 + 3) (From Part 2, Line 2.15)	77,128	1,898,160	8,287,854	0	0	0	0	0	0	0	76,736,215	34,330,698	121,330,054	XXX	121,330,054
5.1 Net Assumed less Ceded reinsurance claims incurred	0	0	(276,976)	0	0	0	0	0	0	(3,937,573)	(66,398)	0	(4,280,947)	XXX	(4,280,947)
5.2 Other Adjustments due to MLR calculations - Claims	0	0	(432,263)	0	0	0	0	0	0	0	190	0	(432,073)	XXX	(432,073)
5.3 Rebates paid	0	0	569,610	0	0	0	0	0	0	XXX	XXX	0	569,610	XXX	569,610
5.4 Estimated rebates unpaid prior year	0	0	174,179	0	0	0	0	0	0	XXX	XXX	0	174,179	XXX	174,179
5.5 Estimated rebates unpaid current year	0	0	38,920	0	0	0	0	0	0	XXX	XXX	0	38,920	XXX	38,920
5.6 Fee for service and co-pay revenue	0	0	0	0	0	0	0	0	0	0	0	0	0	XXX	0
5.7 Net incurred claims after reinsurance (Lines 5.0 + 5.1 + 5.2 + 5.3 - 5.4 + 5.5 - 5.6)	77,128	1,898,160	8,012,965	0	0	0	0	0	0	(3,937,573)	76,670,007	34,330,698	117,051,384	XXX	117,051,384
6. Improving Health Care Quality Expenses Incurred:															
6.1 Improve health outcomes	1,251	26,679	87,551	0	0	0	0	0	0	0	249,001	59,106	423,588	0	423,588
6.2 Activities to prevent hospital readmissions	0	0	0	0	0	0	0	0	0	0	86,314	31,784	118,098	0	118,098
6.3 Improve patient safety and reduce medical errors	0	0	0	0	0	0	0	0	0	0	65,054	23,442	88,496	0	88,496
6.4 Wellness and health promotion activities	0	0	0	0	0	0	0	0	0	0	786,551	(19,376)	767,175	0	767,175
6.5 Health Information Technology expenses related to health improvement	0	0	0	0	0	0	0	0	0	0	48,626	63,395	112,021	0	112,021
6.6 Total of Defined Expenses Incurred for Improving Health Care Quality (Lines 6.1+6.2+6.3+6.4+6.5)	1,251	26,679	87,551	0	0	0	0	0	0	0	1,235,546	158,352	1,509,379	0	1,509,379
7. Preliminary Medical Loss Ratio: MLR ((Lines 4 + 5.0 + 6.6 - Footnote 2.0)/Line 1.8	0.564	0.645	0.833	0.000	0.000	0.000	0.000	0.000	0.000	XXX	XXX	0.830	XXX	XXX	XXX
8. Claims Adjustment Expenses:															
8.1 Cost containment expenses not included in quality of care expenses in Line 6.6	964	39,565	61,187	0	0	0	0	0	0	0	39,466	363,462	504,644	0	504,644
8.2 All other claims adjustment expenses	2,514	55,130	73,950	0	0	0	0	0	0	0	1,425,969	520,307	2,077,870	0	2,077,870
8.3 Total claims adjustment expenses (Lines 8.1 + 8.2)	3,478	94,695	135,138	0	0	0	0	0	0	0	1,465,435	883,769	2,582,514	0	2,582,514
9. Claims Adjustment Expense Ratio (Line 8.3/Line 1.8)	0.025	0.032	0.013	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.015	0.021	XXX	XXX	XXX

SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 1 (Continued)

	Business Subject to MLR									10	11	12	13	14	15
	Comprehensive Health Coverage			Mini-Med Plans			Expatriate Plans		9						
	1 Individual	2 Small Group Employer	3 Large Group Employer	4 Individual	5 Small Group Employer	6 Large Group Employer	7 Small Group	8 Large Group	Student Health Plans	Government Business (excluded by statute)	Other Health Business	Medicare Advantage Part C and Medicare Part D Stand-Alone Subject to ACA	Subtotal (Cols. 1 through 12)	Uninsured Plans	Total 13 + 14
10. General and Administrative (G&A) Expenses:															
10.1 Direct sales salaries and benefits	252	13,459	20,780	0	0	0	0	0	0	0	121,115	82,549	238,156	0	238,156
10.2 Agents and brokers fees and commissions	1,739	97,552	347,901	0	0	0	0	0	0	0	3,556,009	97,183	4,100,384	0	4,100,384
10.3 Other taxes (excluding taxes on Lines 1.5 through 1.7 and Line 14 below)	(167)	(130)	(3,667)	0	0	0	0	0	0	0	171,542	86,257	253,836	0	253,836
10.4 Other general and administrative expenses	7,306	170,270	154,497	0	0	0	0	0	0	0	9,459,155	2,895,007	12,686,234	0	12,686,234
10.4a Community Benefit Expenditures (informational only)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
10.5 Total general and administrative (Lines 10.1 +10.2 + 10.3 + 10.4)	9,130	281,151	519,511	0	0	0	0	0	0	0	13,307,821	3,160,996	17,278,609	0	17,278,609
11. Underwriting Gain/(Loss) (Lines 1.12 - 5.7 - 6.6 - 8.3 - 10.5)	48,031	688,153	860,638	0	0	0	0	0	0	3,153,035	3,103,261	3,250,752	11,103,870	XXX	11,103,870
12. Income from fees of uninsured plans	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0
13. Net investment and other gain/(loss)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	2,310,895	XXX	2,310,895
14. Federal income taxes (excluding taxes on Line 1.5 above)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	17,472	XXX	17,472
15. Net gain or (loss) (Lines 11 + 12 + 13 - 14)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	13,397,293	XXX	13,397,293
16. ICD-10 Implementation Expenses (informational only; already included in general expenses and line 10.4)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
16. 16a ICD-10 Implementation Expenses (informational only; already included in line 10.4)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
OTHER INDICATORS:															
1. Number of certificates/policies	17	472	596	0	0	0	0	0	0	0	51,693	31,682	84,460	0	84,460
2. Number of Covered Lives	22	828	1,471	0	0	0	0	0	0	0	56,860	31,682	90,863	0	90,863
3. Number of Groups	XXX	109	24	XXX	0	0	0	0	0	0	200	2	335	0	335
4. Member Months	255	7,532	21,868	0	0	0	0	0	0	0	668,667	380,378	1,078,700	0	1,078,700

Is run off business reported in Columns 1 through 9 or 12? Yes [ ] No [ ] If yes, show the amount of premiums and claims included. Premiums $ 0 Claims $ 0

216-2.DE

AFFORDABLE CARE ACT (ACA) RECEIPTS, PAYMENTS, RECEIVABLES and PAYABLES

	Current Year Comprehensive Health Coverage		Prior Year Comprehensive Health Coverage	
	1 Individual Plans	2 Small Group Employer Plans	3 Individual Plans	4 Small Group Employer Plans
ACA Receivables and Payables				
1. Permanent ACA Risk Adjustment Program				
1.0 Premium adjustments receivable/(payable)	6,704	(833,640)	(76,690)	(309,681)
2. Transitional ACA Reinsurance Program				
2.0 Total amounts recoverable for claims (paid & unpaid)	0	XXX	0	XXX
3. Temporary ACA Risk Corridors Program				
3.1 Accrued retrospective premium	0	0	0	0
3.2 Reserve for rate credits or policy experience refunds	0	0	0	0
ACA Receipts and Payments				
4. Permanent ACA Risk Adjustment Program				
4.0 Premium adjustments receipts/(payments)	(72,692)	(372,124)	(79,090)	(156,084)
5. Transitional ACA Reinsurance Program				
5.0 Amounts received for claims	0	XXX	0	XXX
6. Temporary ACA Risk Corridors Program				
6.1 Retrospective premium received	0	0	0	0
6.2 Rate credits or policy experience refunds paid	0	0	0	0

SUPPLEMENT FOR THE YEAR 2018 OF THE UnitedHealthcare Insurance Company

SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 2

(To Be Filed by April 1 - Not for Rebate Purposes)

REPORT FOR: 1. CORPORATION UnitedHealthcare Insurance Company 2. 185 Asylum Street Hartford, CT 061033408 (LOCATION)

NAIC Group Code 0707 BUSINESS IN THE STATE OF Delaware DURING THE YEAR 2018 NAIC Company Code 79413

	Business Subject to MLR												
	Comprehensive Health Coverage			Mini-Med Plans			Expatriate Plans:		9	10	11	12	13
	1	2	3	4	5	6	7	8					
	Individual	Small Group Employer	Large Group Employer	Individual	Small Group Employer	Large Group Employer	Small Group	Large Group	Student Health Plans	Government Business (excluded by statute)	Other Health Business	Medicare Advantage Part C and Medicare Part D Stand-Alone Subject to ACA	Total (a)
1. Health Premiums Earned:													
1.1 Direct premiums written	156,353	3,337,473	11,193,924	0	0	0	0	0	0	0	98,059,951	43,515,517	156,263,218
1.2 Unearned premium prior year	0	727	(250,000)	0	0	0	0	0	0	0	39,427	0	(209,846)
1.3 Unearned premium current year	0	735	0	0	0	0	0	0	0	0	79,168	0	79,903
1.4 Change in unearned premium (Lines 1.2 - 1.3)	0	(8)	(250,000)	0	0	0	0	0	0	0	(39,741)	0	(289,749)
1.5 Paid rate credits	(536,250)	0	566,835	0	0	0	0	0	0	0	(199,912)	(59,190)	(228,516)
1.6 Reserve for rate credits current year	0	0	2,580,133	0	0	0	0	0	0	0	37,319	(1,514,489)	1,102,963
1.7 Reserve for rate credits prior year	0	0	1,129,645	0	0	0	0	0	0	0	356,482	(433,364)	1,052,762
1.8 Change in reserve for rate credits (Lines 1.6 - 1.7)	0	0	1,450,488	0	0	0	0	0	0	0	(319,163)	(1,081,125)	50,200
1.9 Premium balances written off	0	2,571	0	0	0	0	0	0	0	0	142	222,110	224,822
1.10 Group conversion charge	0	0	0	0	0	0	0	0	0	0	0	0	0
1.11 Total direct premiums earned (Lines 1.1 + 1.4 - 1.9 + 1.10)	156,353	3,334,895	10,943,924	0	0	0	0	0	0	0	98,020,068	43,293,407	155,748,647
1.12 Assumed premiums earned from non-affiliates	0	0	0	0	0	0	0	0	0	0	0	0	0
1.13 Net Assumed less Ceded premiums earned from affiliates	0	1,200	17	0	0	0	0	0	0	0	0	0	1,217
1.14 Ceded premiums earned to non-affiliates	0	0	441,108	0	0	0	0	0	0	0	133,967	0	575,075
1.15 Other Adjustments due to MLR calculation - Premiums	0	2,571	0	0	0	0	0	0	0	0	142	222,110	224,822
1.16 Net premiums earned (Lines 1.11 - 1.5 - 1.8 + 1.12 + 1.13 - 1.14 + 1.15)	692,603	3,338,665	8,485,510	0	0	0	0	0	0	0	98,405,317	44,655,832	155,577,927
2. Direct Claims Incurred:													
2.1 Paid claims during the year	587,506	1,755,838	6,017,223	0	0	0	0	0	0	(325,101)	75,826,816	35,516,929	119,379,210
2.2 Direct claim liability current year	21,428	326,030	538,441	0	0	0	0	0	0	1,575,776	10,431,243	1,723,055	14,615,973
2.3 Direct claim liability prior year	7,030	125,533	265,617	0	0	0	0	0	0	1,250,674	9,175,917	1,408,363	12,233,134
2.4 Direct claim reserves current year	8,445	10,504	8,332	0	0	0	0	0	0	0	2,664,339	47	2,691,667
2.5 Direct claim reserves prior year	1,043	6,111	17,727	0	0	0	0	0	0	0	2,467,449	47	2,492,379
2.6 Direct contract reserves current year	47,644	0	0	0	0	0	0	0	0	0	4,570	0	52,215
2.7 Direct contract reserves prior year	38,022	0	0	0	0	0	0	0	0	0	19,092	0	57,114
2.8 Paid rate credits	(536,250)	0	566,835	0	0	0	0	0	0	0	(199,912)	(59,190)	(228,516)
2.9 Reserve for rate credits current year	0	0	2,580,133	0	0	0	0	0	0	0	37,319	(1,514,489)	1,102,963
2.10 Reserve for rate credits prior year	0	0	1,129,645	0	0	0	0	0	0	0	356,482	(433,364)	1,052,762
2.11 Incurred medical incentive pools and bonuses (Lines 2.11a + 2.11b - 2.11c)	0	1,467	3,256	0	0	0	0	0	0	0	69	0	4,792
2.11a Paid medical incentive pools and bonuses current year	0	551	1,195	0	0	0	0	0	0	0	69	0	1,815
2.11b Accrued medical incentive pools and bonuses current year	0	1,691	6,570	0	0	0	0	0	0	0	0	0	8,261
2.11c Accrued medical incentive pools and bonuses prior year	0	775	4,509	0	0	0	0	0	0	0	0	0	5,284
2.12 Net healthcare receivables (Lines 2.12a - 2.12b)	5,552	64,035	13,375	0	0	0	0	0	0	0	9,289	360,608	452,859
2.12a Healthcare receivables current year	5,552	73,306	116,261	0	0	0	0	0	0	0	96,453	9,457,644	9,749,215
2.12b Healthcare receivables prior year	0	9,271	102,886	0	0	0	0	0	0	0	87,164	9,097,036	9,296,356
2.13 Group conversion charge	0	0	0	0	0	0	0	0	0	0	0	0	0
2.14 Multi-option coverage blended rate adjustment	0	0	0	0	0	0	0	0	0	0	0	0	0
2.15 Total incurred claims (Lines 2.1 + 2.2 - 2.3 + 2.4 - 2.5 + 2.6 - 2.7 + 2.8 + 2.9 - 2.10 + 2.11 - 2.12 + 2.13 + 2.14)	77,128	1,898,160	8,287,854	0	0	0	0	0	0	0	76,736,215	34,330,698	121,330,054
2.16 Assumed incurred claims from non-affiliates	0	0	0	0	0	0	0	0	0	0	0	0	0
2.17 Net assumed less ceded incurred claims from affiliates	0	0	0	0	0	0	0	0	0	(3,937,573)	0	0	(3,937,573)
2.18 Ceded incurred claims to non-affiliates	0	0	276,976	0	0	0	0	0	0	0	66,398	0	343,374
2.19 Other adjustments due to MLR calculation - Claims	0	0	0	0	0	0	0	0	0	0	0	0	0
2.20 Net Incurred Claims (Lines 2.15 - 2.8 - 2.9 + 2.10 + 2.16 + 2.17 - 2.18 + 2.19)	613,377	1,898,160	5,993,555	0	0	0	0	0	0	(3,937,573)	77,188,892	35,471,013	117,227,424
3. Fraud and Abuse Recoveries that Reduced PAID Claims in Line 2.1 above (informational only)	0	428	170	0	0	0	0	0	0	0	0	0	598

(a) Column 13, Line 1.1 includes direct written premium of $ 507,917 for stand-alone dental and $ 299,146 for stand-alone vision policies.

SUPPLEMENT FOR THE YEAR 2018 OF THE UnitedHealthcare Insurance Company

SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 3

(To Be Filed by April 1 - Not for Rebate Purposes)

REPORT FOR: 1. CORPORATION UnitedHealthcare Insurance Company 2. 185 Asylum Street Hartford, CT 061033408 (LOCATION)

NAIC Group Code 0707 BUSINESS IN THE STATE OF Delaware DURING THE YEAR 2018 NAIC Company Code 79413

	All Expenses	Improving Health Care Quality Expenses						Claims Adjustment Expenses		9	10
		1 Improve Health Outcomes	2 Activities to Prevent Hospital Readmissions	3 Improve Patient Safety and Reduce Medical Errors	4 Wellness & Health Promotion Activities	5 HIT Expenses	6 Total (1 to 5)	7 Cost Containment Expenses	8 Other Claims Adjustment Expenses	General Administrative Expenses	Total Expenses (6 to 9)
1.	Individual Comprehensive Coverage Expenses:										
	1.1 Salaries (including $ 4,077 for affiliated services)	0	0	0	0	0	0	273	1,139	2,665	4,077
	1.2 Outsourced Services	0	0	0	0	0	0	31	54	126	211
	1.3 EDP Equipment and Software (incl $ 156 for affiliated services)	0	0	0	0	0	0	23	38	95	156
	1.4 Other Equipment (excl. EDP) (incl $ 15 for affiliated services)	0	0	0	0	0	0	2	4	6	12
	1.5 Accreditation and Certification (incl $ 2 for affiliated services)	0	XXX	XXX	XXX	XXX	0	0	0	1	2
	1.6 Other Expenses (incl $ 4,436 for affiliated services)	1,251	0	0	0	0	1,251	611	1,254	6,386	9,502
	1.7 Subtotal before Reimbursements and Taxes (Lines 1.1 to 1.6)	1,251	0	0	0	0	1,251	940	2,489	9,279	13,959
	1.8 Reimbursements by uninsured plans and fiscal intermediaries	0	0	0	0	0	0	0	0	0	0
	1.9 Taxes, Licenses and Fees (in total, for tying purposes)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	5,010	5,010
	1.10 Total (1.7 to 1.9)	1,251	0	0	0	0	1,251	940	2,489	14,289	18,969
	1.11 Total Fraud and Abuse Detection/Recovery Expenses included in Column 7 (informational only)	0	0	0	0	0	0	203	0	0	203
2.	Small Group Comprehensive Coverage Expenses:										
	2.1 Salaries (including $ 84,994 for affiliated services)	0	0	0	0	0	0	10,464	15,622	58,909	84,994
	2.2 Outsourced Services	0	0	0	0	0	0	2,796	1,790	5,677	10,263
	2.3 EDP Equipment and Software (incl $ 6,014 for affiliated services)	0	0	0	0	0	0	874	1,304	3,836	6,014
	2.4 Other Equipment (excl. EDP) (incl $ 577 for affiliated services)	0	0	0	0	0	0	84	125	368	577
	2.5 Accreditation and Certification (incl $ 63 for affiliated services)	0	XXX	XXX	XXX	XXX	0	9	14	40	63
	2.6 Other Expenses (incl $ 191,278 for affiliated services)	26,679	0	0	0	0	26,679	24,083	34,939	211,500	297,201
	2.7 Subtotal before Reimbursements and Taxes (Lines 2.1 to 2.6)	26,679	0	0	0	0	26,679	38,310	53,794	280,329	399,113
	2.8 Reimbursements by uninsured plans and fiscal intermediaries	0	0	0	0	0	0	0	0	0	0
	2.9 Taxes, Licenses and Fees (in total, for tying purposes)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	138,959	138,959
	2.10 Total (2.7 to 2.9)	26,679	0	0	0	0	26,679	38,310	53,794	419,289	538,072
	2.11 Total Fraud and Abuse Detection/Recovery Expenses included in Column 7 (informational only)	0	0	0	0	0	0	10,833	0	0	10,833
3.	Large Group Comprehensive Coverage Expenses:										
	3.1 Salaries (including $ 121,751 for affiliated services)	0	0	0	0	0	0	16,250	20,958	84,543	121,751
	3.2 Outsourced Services	0	0	0	0	0	0	4,249	2,402	10,081	16,732
	3.3 EDP Equipment and Software (incl $ 8,494 for affiliated services)	0	0	0	0	0	0	1,357	1,750	5,387	8,494
	3.4 Other Equipment (excl. EDP) (incl $ 815 for affiliated services)	0	0	0	0	0	0	130	168	517	815
	3.5 Accreditation and Certification (incl $ 89 for affiliated services)	0	XXX	XXX	XXX	XXX	0	14	18	56	89
	3.6 Other Expenses (incl $ 269,376 for affiliated services)	87,551	0	0	0	0	87,551	37,210	46,874	421,036	592,672
	3.7 Subtotal before Reimbursements and Taxes (Lines 3.1 to 3.6)	87,551	0	0	0	0	87,551	59,211	72,170	521,620	740,552
	3.8 Reimbursements by uninsured plans and fiscal intermediaries	0	0	0	0	0	0	(8)	1	7	0
	3.9 Taxes, Licenses and Fees (in total, for tying purposes)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	388,960	388,960
	3.10 Total (3.7 to 3.9)	87,551	0	0	0	0	87,551	59,203	72,172	910,586	1,129,512
	3.11 Total Fraud and Abuse Detection/Recovery Expenses included in Column 7 (informational only)	0	0	0	0	0	0	18,039	0	0	18,039

SUPPLEMENT FOR THE YEAR 2018 OF THE UnitedHealthcare Insurance Company

SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 3 (Continued)

	All Expenses	Improving Health Care Quality Expenses						Claims Adjustment Expenses		9	10
		1 Improve Health Outcomes	2 Activities to Prevent Hospital Readmissions	3 Improve Patient Safety and Reduce Medical Errors	4 Wellness & Health Promotion Activities	5 HIT Expenses	6 Total (1 to 5)	7 Cost Containment Expenses	8 Other Claims Adjustment Expenses	General Administrative Expenses	Total Expenses (6 to 9)
4.	Individual Mini-Med Plans Expenses:										
	4.1 Salaries (including $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	4.2 Outsourced Services	0	0	0	0	0	0	0	0	0	0
	4.3 EDP Equipment and Software (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	4.4 Other Equipment (excl. EDP) (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	4.5 Accreditation and Certification (incl $ 0 for affiliated services)	0	XXX	XXX	XXX	XXX	0	0	0	0	0
	4.6 Other Expenses (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	4.7 Subtotal before Reimbursements and Taxes (Lines 4.1 to 4.6)	0	0	0	0	0	0	0	0	0	0
	4.8 Reimbursements by uninsured plans and fiscal intermediaries	0	0	0	0	0	0	0	0	0	0
	4.9 Taxes, Licenses and Fees (in total, for tying purposes)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0
	4.10 Total (4.7 to 4.9)	0	0	0	0	0	0	0	0	0	0
	4.11 Total Fraud and Abuse Detection/Recovery Expenses included in Column 7 (informational only)	0	0	0	0	0	0	0	0	0	0
5.	Small Group Mini-Med Plans Expenses:										
	5.1 Salaries (including $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	5.2 Outsourced Services	0	0	0	0	0	0	0	0	0	0
	5.3 EDP Equipment and Software (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	5.4 Other Equipment (excl. EDP) (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	5.5 Accreditation and Certification (incl $ 0 for affiliated services)	0	XXX	XXX	XXX	XXX	0	0	0	0	0
	5.6 Other Expenses (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	5.7 Subtotal before Reimbursements and Taxes (Lines 5.1 to 5.6)	0	0	0	0	0	0	0	0	0	0
	5.8 Reimbursements by uninsured plans and fiscal intermediaries	0	0	0	0	0	0	0	0	0	0
	5.9 Taxes, Licenses and Fees (in total, for tying purposes)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0
	5.10 Total (5.7 to 5.9)	0	0	0	0	0	0	0	0	0	0
	5.11 Total Fraud and Abuse Detection/Recovery Expenses included in Column 7 (informational only)	0	0	0	0	0	0	0	0	0	0
6.	Large Group Mini-Med Plans Expenses:										
	6.1 Salaries (including $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	6.2 Outsourced Services	0	0	0	0	0	0	0	0	0	0
	6.3 EDP Equipment and Software (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	6.4 Other Equipment (excl. EDP) (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	6.5 Accreditation and Certification (incl $ 0 for affiliated services)	0	XXX	XXX	XXX	XXX	0	0	0	0	0
	6.6 Other Expenses (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	6.7 Subtotal before Reimbursements and Taxes (Lines 6.1 to 6.6)	0	0	0	0	0	0	0	0	0	0
	6.8 Reimbursements by uninsured plans and fiscal intermediaries	0	0	0	0	0	0	0	0	0	0
	6.9 Taxes, Licenses and Fees (in total, for tying purposes)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0
	6.10 Total (6.7 to 6.9)	0	0	0	0	0	0	0	0	0	0
	6.11 Total Fraud and Abuse Detection/Recovery Expenses included in Column 7 (informational only)	0	0	0	0	0	0	0	0	0	0

SUPPLEMENT FOR THE YEAR 2018 OF THE UnitedHealthcare Insurance Company

SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 3 (Continued)

	All Expenses	Improving Health Care Quality Expenses						Claims Adjustment Expenses		9	10
		1 Improve Health Outcomes	2 Activities to Prevent Hospital Readmissions	3 Improve Patient Safety and Reduce Medical Errors	4 Wellness & Health Promotion Activities	5 HIT Expenses	6 Total (1 to 5)	7 Cost Containment Expenses	8 Other Claims Adjustment Expenses	General Administrative Expenses	Total Expenses (6 to 9)
7.	Small Group Expatriate Plans Expenses:										
	7.1 Salaries (including $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	7.2 Outsourced Services	0	0	0	0	0	0	0	0	0	0
	7.3 EDP Equipment and Software (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	7.4 Other Equipment (excl. EDP) (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	7.5 Accreditation and Certification (incl $ 0 for affiliated services)	0	XXX	XXX	XXX	XXX	0	0	0	0	0
	7.6 Other Expenses (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	7.7 Subtotal before Reimbursements and Taxes (Lines 7.1 to 7.6)	0	0	0	0	0	0	0	0	0	0
	7.8 Reimbursements by uninsured plans and fiscal intermediaries	0	0	0	0	0	0	0	0	0	0
	7.9 Taxes, Licenses and Fees (in total, for tying purposes)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0
	7.10 Total (7.7 to 7.9)	0	0	0	0	0	0	0	0	0	0
	7.11 Total Fraud and Abuse Detection/Recovery Expenses included in Column 7 (informational only)	0	0	0	0	0	0	0	0	0	0
8.	Large Group Expatriate Plans Expenses:										
	8.1 Salaries (including $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	8.2 Outsourced Services	0	0	0	0	0	0	0	0	0	0
	8.3 EDP Equipment and Software (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	8.4 Other Equipment (excl. EDP) (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	8.5 Accreditation and Certification (incl $ 0 for affiliated services)	0	XXX	XXX	XXX	XXX	0	0	0	0	0
	8.6 Other Expenses (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	8.7 Subtotal before Reimbursements and Taxes (Lines 8.1 to 8.6)	0	0	0	0	0	0	0	0	0	0
	8.8 Reimbursements by uninsured plans and fiscal intermediaries	0	0	0	0	0	0	0	0	0	0
	8.9 Taxes, Licenses and Fees (in total, for tying purposes)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0
	8.10 Total (8.7 to 8.9)	0	0	0	0	0	0	0	0	0	0
	8.11 Total Fraud and Abuse Detection/Recovery Expenses included in Column 7 (informational only)	0	0	0	0	0	0	0	0	0	0
9.	Student Health Plans Expenses:										
	9.1 Salaries (including $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	9.2 Outsourced Services	0	0	0	0	0	0	0	0	0	0
	9.3 EDP Equipment and Software (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	9.4 Other Equipment (excl. EDP) (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	9.5 Accreditation and Certification (incl $ 0 for affiliated services)	0	XXX	XXX	XXX	XXX	0	0	0	0	0
	9.6 Other Expenses (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	9.7 Subtotal before Reimbursements and Taxes (Lines 9.1 to 9.6)	0	0	0	0	0	0	0	0	0	0
	9.8 Reimbursements by uninsured plans and fiscal intermediaries	0	0	0	0	0	0	0	0	0	0
	9.9 Taxes, Licenses and Fees (in total, for tying purposes)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0
	9.10 Total (9.7 to 9.9)	0	0	0	0	0	0	0	0	0	0
	9.11 Total Fraud and Abuse Detection/Recovery Expenses included in Column 7 (informational only)	0	0	0	0	0	0	0	0	0	0

SUPPLEMENT FOR THE YEAR 2018 OF THE UnitedHealthcare Insurance Company

SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 1

(To Be Filed by April 1 - Not for Rebate Purposes - See Cautionary Statement at http://www.naic.org/documents/committees_e_app_blanks_related_shce_cautionary_statement.pdf)

REPORT FOR: 1. CORPORATION UnitedHealthcare Insurance Company 2. 185 Asylum Street Hartford, CT 061033408 (LOCATION)

NAIC Group Code 0707 BUSINESS IN THE STATE OF District of Columbia DURING THE YEAR 2018 NAIC Company Code 79413

	Business Subject to MLR								9	10	11	12	13	14	15
	Comprehensive Health Coverage			Mini-Med Plans			Expatriate Plans								
	1 Individual	2 Small Group Employer	3 Large Group Employer	4 Individual	5 Small Group Employer	6 Large Group Employer	7 Small Group	8 Large Group	Student Health Plans	Government Business (excluded by statute)	Other Health Business	Medicare Advantage Part C and Medicare Part D Stand-Alone Subject to ACA	Subtotal (Cols. 1 through 12)	Uninsured Plans	Total 13 + 14
1. Premium:															
1.1 Health premiums earned (From Part 2, Line 1.11)	307,493	57,338,733	395,456,206	0	0	0	0	0	0	0	303,030,197	138,046,501	894,179,131	XXX	894,179,131
1.2 Federal high risk pools	0	0	0	0	0	0	0	0	0	0	0	0	0	XXX	0
1.3 State high risk pools	(3)	(2,052)	(20,346)	0	0	0	0	0	0	0	(164,305)	0	(186,705)	XXX	(186,705)
1.4 Premiums earned including state and federal high risk programs (Lines 1.1 + 1.2 + 1.3)	307,490	57,336,681	395,435,860	0	0	0	0	0	0	0	302,865,892	138,046,501	893,992,425	XXX	893,992,425
1.5 Federal taxes and federal assessments	(56,850)	1,647,196	10,840,820	0	0	0	0	0	0	(180)	13,854,156	4,470,507	30,755,649	135,002	30,890,651
1.6 State insurance, premium and other taxes (Similar local taxes of $ 84,442)	(488)	1,292,113	7,913,742	0	0	0	0	0	0	0	4,299,224	14,804	13,519,395	1,453	13,520,847
1.6a Community Benefit Expenditures (informational only)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
1.7 Regulatory authority licenses and fees	6,246	17,093	318,975	0	0	0	0	0	0	0	153,811	0	496,125	0	496,125
1.8 Adjusted Premiums Earned (Lines 1.4 - 1.5 - 1.6 - 1.7)	358,583	54,380,279	376,362,324	0	0	0	0	0	0	180	284,558,701	133,561,190	849,221,257	XXX	849,084,802
1.9 Net Assumed less Ceded reinsurance premiums earned	35	6,471	(39,307,553)	0	0	0	0	0	0	0	(326,737)	0	(39,627,784)	XXX	(39,627,784)
1.10 Other Adjustments due to MLR calculations - Premiums	0	15,903	4,596	0	0	0	0	0	0	0	3,446	175,719	199,664	XXX	199,664
1.11 Risk Revenue	0	0	0	0	0	0	0	0	0	0	0	0	0	XXX	0
1.12 Net adjusted premiums earned after reinsurance (Lines 1.8 + 1.9 + 1.10 + 1.11)	358,618	54,402,653	337,059,366	0	0	0	0	0	0	180	284,235,411	133,736,909	809,793,137	XXX	809,656,682
2. Claims:															
2.1 Incurred claims excluding prescription drugs	563,251	36,085,525	271,381,861	0	0	0	0	0	0	0	233,976,469	107,209,821	649,216,927	XXX	649,216,927
2.2 Prescription drugs	43,336	11,923,660	71,873,889	0	0	0	0	0	0	0	1,975,963	31,439,418	117,256,266	XXX	117,256,266
2.3 Pharmaceutical rebates	(11,009)	2,933,246	18,212,626	0	0	0	0	0	0	0	(575,930)	19,340,977	39,899,909	XXX	39,899,909
2.4 State stop loss, market stabilization and claim/census based assessments (informational only)	6,662	150,491	550,278	0	0	0	0	0	0	0	124,487	0	831,918	XXX	831,918
3. Incurred medical incentive pools and bonuses	0	50,450	379,689	0	0	0	0	0	0	0	4,401	168,154	602,695	XXX	602,695
4. Deductible Fraud and Abuse Detection/Recovery Expenses (for MLR use only)	0	1,983	12,723	0	0	0	0	0	0	0	0	60	14,766	0	14,766
5. 5.0 Total Incurred Claims (Lines 2.1 + 2.2 - 2.3 + 3) (From Part 2, Line 2.15)	617,596	45,126,390	325,422,814	0	0	0	0	0	0	0	236,532,763	119,476,416	727,175,978	XXX	727,175,978
5.1 Net Assumed less Ceded reinsurance claims incurred	0	87,874	(30,486,446)	0	0	0	0	0	0	0	(299,971)	0	(30,698,543)	XXX	(30,698,543)
5.2 Other Adjustments due to MLR calculations - Claims	0	(37,848)	583,306	0	0	0	0	0	0	0	0	(7,238,524)	(6,693,066)	XXX	(6,693,066)
5.3 Rebates paid	0	37,848	0	0	0	0	0	0	0	XXX	XXX	4,438,549	4,476,397	XXX	4,476,397
5.4 Estimated rebates unpaid prior year	173	(22)	583,306	0	0	0	0	0	0	XXX	XXX	0	583,457	XXX	583,457
5.5 Estimated rebates unpaid current year	173	(22)	0	0	0	0	0	0	0	XXX	XXX	2,799,975	2,800,126	XXX	2,800,126
5.6 Fee for service and co-pay revenue	0	0	0	0	0	0	0	0	0	0	0	0	0	XXX	0
5.7 Net incurred claims after reinsurance (Lines 5.0 + 5.1 + 5.2 + 5.3 - 5.4 + 5.5 - 5.6)	617,596	45,214,264	294,936,368	0	0	0	0	0	0	0	236,232,792	119,476,416	696,477,435	XXX	696,477,435
6. Improving Health Care Quality Expenses Incurred:															
6.1 Improve health outcomes	2,460	458,710	3,163,650	0	0	0	0	0	0	0	1,114,207	285,852	5,024,878	245	5,025,123
6.2 Activities to prevent hospital readmissions	0	0	0	0	0	0	0	0	0	0	628,860	74,250	703,110	(15)	703,095
6.3 Improve patient safety and reduce medical errors	0	0	0	0	0	0	0	0	0	0	542,095	152,513	694,608	1,293	695,900
6.4 Wellness and health promotion activities	0	0	0	0	0	0	0	0	0	0	567,139	52,852	619,991	(445)	619,546
6.5 Health Information Technology expenses related to health improvement	0	0	0	0	0	0	0	0	0	0	302,301	272,044	574,345	609	574,954
6.6 Total of Defined Expenses Incurred for Improving Health Care Quality (Lines 6.1+6.2+6.3+6.4+6.5)	2,460	458,710	3,163,650	0	0	0	0	0	0	0	3,154,602	837,510	7,616,931	1,687	7,618,618
7. Preliminary Medical Loss Ratio: MLR ((Lines 4 + 5.0 + 6.6 - Footnote 2.0)/Line 1.8	1.729	0.838	0.873	0.000	0.000	0.000	0.000	0.000	0.000	XXX	XXX	0.901	XXX	XXX	XXX
8. Claims Adjustment Expenses:															
8.1 Cost containment expenses not included in quality of care expenses in Line 6.6	83	714,075	4,274,289	0	0	0	0	0	0	0	2,630,369	1,380,293	8,999,109	1,980	9,001,089
8.2 All other claims adjustment expenses	(242)	1,022,346	5,178,624	0	0	0	0	0	0	0	3,273,581	2,152,524	11,626,834	24,475	11,651,309
8.3 Total claims adjustment expenses (Lines 8.1 + 8.2)	(159)	1,736,422	9,452,913	0	0	0	0	0	0	0	5,903,950	3,532,818	20,625,943	26,455	20,652,398
9. Claims Adjustment Expense Ratio (Line 8.3/Line 1.8)	0.000	0.032	0.025	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.021	0.026	XXX	XXX	XXX

SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 1 (Continued)

	Business Subject to MLR									10	11	12	13	14	15
	Comprehensive Health Coverage			Mini-Med Plans			Expatriate Plans		9						
	1 Individual	2 Small Group Employer	3 Large Group Employer	4 Individual	5 Small Group Employer	6 Large Group Employer	7 Small Group	8 Large Group	Student Health Plans	Government Business (excluded by statute)	Other Health Business	Medicare Advantage Part C and Medicare Part D Stand-Alone Subject to ACA	Subtotal (Cols. 1 through 12)	Uninsured Plans	Total 13 + 14
10. General and Administrative (G&A) Expenses:															
10.1 Direct sales salaries and benefits	59	232,439	1,692,998	0	0	0	0	0	0	0	532,014	312,051	2,769,561	290	2,769,851
10.2 Agents and brokers fees and commissions	334	2,299,479	4,300,195	0	0	0	0	0	0	0	2,005,199	2,400,147	11,005,354	(2)	11,005,353
10.3 Other taxes (excluding taxes on Lines 1.5 through 1.7 and Line 14 below)	366	78,137	396,985	0	0	0	0	0	0	0	226,347	209,320	911,154	30,508	941,663
10.4 Other general and administrative expenses	(27,607)	2,736,084	10,499,680	0	0	0	0	0	0	901	9,043,651	5,806,701	28,059,410	816,687	28,876,098
10.4a Community Benefit Expenditures (informational only)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
10.5 Total general and administrative (Lines 10.1 +10.2 + 10.3 + 10.4)	(26,848)	5,346,138	16,889,857	0	0	0	0	0	0	901	11,807,212	8,728,219	42,745,479	847,484	43,592,963
11. Underwriting Gain/(Loss) (Lines 1.12 - 5.7 - 6.6 - 8.3 - 10.5)	(234,431)	1,647,121	12,616,579	0	0	0	0	0	0	(722)	27,136,854	1,161,947	42,327,348	XXX	41,315,268
12. Income from fees of uninsured plans	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1,554,651	1,554,651
13. Net investment and other gain/(loss)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	13,514,242	XXX	13,514,242
14. Federal income taxes (excluding taxes on Line 1.5 above)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	(604,054)	XXX	(604,054)
15. Net gain or (loss) (Lines 11 + 12 + 13 - 14)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	56,445,644	XXX	56,988,214
16. ICD-10 Implementation Expenses (informational only; already included in general expenses and line 10.4)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
16. 16a ICD-10 Implementation Expenses (informational only; already included in line 10.4)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
OTHER INDICATORS:															
1. Number of certificates/policies	38	6,762	34,886	0	0	0	0	0	0	0	334,312	17,035	393,033	0	393,033
2. Number of Covered Lives	77	11,591	73,901	0	0	0	0	0	0	0	685,482	17,035	788,086	0	788,086
3. Number of Groups	XXX	1,612	207	XXX	0	0	0	0	0	0	791	2	2,612	4	2,616
4. Member Months	768	127,017	845,857	0	0	0	0	0	0	0	8,183,410	194,385	9,351,437	1,551	9,352,988

Is run off business reported in Columns 1 through 9 or 12? Yes [ ] No [ ] If yes, show the amount of premiums and claims included. Premiums $ 0 Claims $ 0

216-2.DC

AFFORDABLE CARE ACT (ACA) RECEIPTS, PAYMENTS, RECEIVABLES and PAYABLES

	Current Year Comprehensive Health Coverage		Prior Year Comprehensive Health Coverage	
	1 Individual Plans	2 Small Group Employer Plans	3 Individual Plans	4 Small Group Employer Plans
ACA Receivables and Payables				
1. Permanent ACA Risk Adjustment Program 1.0 Premium adjustments receivable/(payable)	(36)	744,341	30,168	385,791
2. Transitional ACA Reinsurance Program 2.0 Total amounts recoverable for claims (paid & unpaid)	0	XXX	0	XXX
3. Temporary ACA Risk Corridors Program 3.1 Accrued retrospective premium	0	0	0	0
3.2 Reserve for rate credits or policy experience refunds	0	0	0	0
ACA Receipts and Payments				
4. Permanent ACA Risk Adjustment Program 4.0 Premium adjustments receipts/(payments)	(5,362)	1,556,892	(35,721)	(2,131,978)
5. Transitional ACA Reinsurance Program 5.0 Amounts received for claims	0	XXX	0	XXX
6. Temporary ACA Risk Corridors Program 6.1 Retrospective premium received	0	0	0	0
6.2 Rate credits or policy experience refunds paid	0	0	0	0

SUPPLEMENT FOR THE YEAR 2018 OF THE UnitedHealthcare Insurance Company

SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 2

(To Be Filed by April 1 - Not for Rebate Purposes)

REPORT FOR: 1. CORPORATION UnitedHealthcare Insurance Company 2. 185 Asylum Street Hartford, CT 061033408 (LOCATION)

NAIC Group Code 0707 BUSINESS IN THE STATE OF District of Columbia DURING THE YEAR 2018 NAIC Company Code 79413

	Business Subject to MLR									10	11	12	13
	Comprehensive Health Coverage			Mini-Med Plans			Expatriate Plans:		9				
	1	2	3	4	5	6	7	8					
	Individual	Small Group Employer	Large Group Employer	Individual	Small Group Employer	Large Group Employer	Small Group	Large Group	Student Health Plans	Government Business (excluded by statute)	Other Health Business	Medicare Advantage Part C and Medicare Part D Stand-Alone Subject to ACA	Total (a)
1. Health Premiums Earned:													
1.1 Direct premiums written	307,493	57,354,636	395,460,483	0	0	0	0	0	0	0	303,372,809	138,222,220	894,717,641
1.2 Unearned premium prior year	0	0	(529)	0	0	0	0	0	0	0	1,673,141	0	1,672,612
1.3 Unearned premium current year	0	0	(848)	0	0	0	0	0	0	0	2,012,306	0	2,011,458
1.4 Change in unearned premium (Lines 1.2 - 1.3)	0	0	319	0	0	0	0	0	0	0	(339,165)	0	(338,846)
1.5 Paid rate credits	9,992	37,848	19,770	0	0	0	0	0	0	0	6,549,195	4,586,108	11,202,914
1.6 Reserve for rate credits current year	173	(22)	8,848,587	0	0	0	0	0	0	0	1,673,440,007	1,659,539	1,683,948,285
1.7 Reserve for rate credits prior year	173	(22)	5,596,397	0	0	0	0	0	0	0	1,692,303,403	92,378	1,697,992,329
1.8 Change in reserve for rate credits (Lines 1.6 - 1.7)	0	0	3,252,191	0	0	0	0	0	0	0	(18,863,396)	1,567,161	(14,044,045)
1.9 Premium balances written off	0	15,903	4,596	0	0	0	0	0	0	0	3,446	175,719	199,664
1.10 Group conversion charge	0	0	0	0	0	0	0	0	0	0	0	0	0
1.11 Total direct premiums earned (Lines 1.1 + 1.4 - 1.9 + 1.10)	307,493	57,338,733	395,456,206	0	0	0	0	0	0	0	303,030,197	138,046,501	894,179,131
1.12 Assumed premiums earned from non-affiliates	0	0	0	0	0	0	0	0	0	0	0	0	0
1.13 Net Assumed less Ceded premiums earned from affiliates	35	6,471	295,471	0	0	0	0	0	0	0	0	0	301,977
1.14 Ceded premiums earned to non-affiliates	0	0	39,603,024	0	0	0	0	0	0	0	326,737	0	39,929,761
1.15 Other Adjustments due to MLR calculation - Premiums	0	15,903	4,596	0	0	0	0	0	0	0	3,446	175,719	199,664
1.16 Net premiums earned (Lines 1.11 - 1.5 - 1.8 + 1.12 + 1.13 - 1.14 + 1.15)	297,535	57,323,259	352,881,289	0	0	0	0	0	0	0	315,021,107	132,068,951	857,592,142
2. Direct Claims Incurred:													
2.1 Paid claims during the year	535,293	43,991,997	315,658,075	0	0	0	0	0	0	0	245,242,709	114,275,204	719,703,278
2.2 Direct claim liability current year	2,654	6,373,085	38,621,249	0	0	0	0	0	0	0	30,486,994	1,450,604	76,934,586
2.3 Direct claim liability prior year	9,205	5,333,599	30,773,743	0	0	0	0	0	0	0	28,493,165	1,297,712	65,907,425
2.4 Direct claim reserves current year	(1)	104,965	385,814	0	0	0	0	0	0	0	2,831,247	149	3,322,175
2.5 Direct claim reserves prior year	(1)	103,866	117,053	0	0	0	0	0	0	0	2,518,541	0	2,739,459
2.6 Direct contract reserves current year	0	0	0	0	0	0	0	0	0	0	85,774	0	85,774
2.7 Direct contract reserves prior year	0	0	0	0	0	0	0	0	0	0	79,763	0	79,763
2.8 Paid rate credits	9,992	37,848	19,770	0	0	0	0	0	0	0	6,549,195	4,586,108	11,202,914
2.9 Reserve for rate credits current year	173	(22)	8,848,587	0	0	0	0	0	0	0	1,673,440,007	1,659,539	1,683,948,285
2.10 Reserve for rate credits prior year	173	(22)	5,596,397	0	0	0	0	0	0	0	1,692,303,403	92,378	1,697,992,329
2.11 Incurred medical incentive pools and bonuses (Lines 2.11a + 2.11b - 2.11c)	0	50,450	379,689	0	0	0	0	0	0	0	4,401	168,154	602,695
2.11a Paid medical incentive pools and bonuses current year	0	9,352	61,760	0	0	0	0	0	0	0	4,401	143,005	218,518
2.11b Accrued medical incentive pools and bonuses current year	0	59,694	688,068	0	0	0	0	0	0	0	0	66,405	814,167
2.11c Accrued medical incentive pools and bonuses prior year	0	18,596	370,139	0	0	0	0	0	0	0	0	41,256	429,990
2.12 Net healthcare receivables (Lines 2.12a - 2.12b)	(78,861)	(5,509)	2,003,177	0	0	0	0	0	0	0	(1,287,308)	1,273,253	1,904,752
2.12a Healthcare receivables current year	0	591,370	7,527,253	0	0	0	0	0	0	0	57,650	8,680,765	16,857,038
2.12b Healthcare receivables prior year	78,861	596,880	5,524,076	0	0	0	0	0	0	0	1,344,958	7,407,512	14,952,286
2.13 Group conversion charge	0	0	0	0	0	0	0	0	0	0	0	0	0
2.14 Multi-option coverage blended rate adjustment	0	0	0	0	0	0	0	0	0	0	0	0	0
2.15 Total incurred claims (Lines 2.1 + 2.2 - 2.3 + 2.4 - 2.5 + 2.6 - 2.7 + 2.8 + 2.9 - 2.10 + 2.11 - 2.12 + 2.13 + 2.14)	617,596	45,126,390	325,422,814	0	0	0	0	0	0	0	236,532,764	119,476,416	727,175,979
2.16 Assumed incurred claims from non-affiliates	0	0	0	0	0	0	0	0	0	0	0	0	0
2.17 Net assumed less ceded incurred claims from affiliates	0	87,874	(229,573)	0	0	0	0	0	0	0	0	0	(141,699)
2.18 Ceded incurred claims to non-affiliates	0	0	30,256,873	0	0	0	0	0	0	0	299,971	0	30,556,844
2.19 Other adjustments due to MLR calculation - Claims	0	0	0	0	0	0	0	0	0	0	0	0	0
2.20 Net Incurred Claims (Lines 2.15 - 2.8 - 2.9 + 2.10 + 2.16 + 2.17 - 2.18 + 2.19)	607,603	45,176,416	291,664,408	0	0	0	0	0	0	0	248,546,993	113,323,147	699,318,567
3. Fraud and Abuse Recoveries that Reduced PAID Claims in Line 2.1 above (informational only)	0	1,983	12,723	0	0	0	0	0	0	0	0	2,847	17,553

(a) Column 13, Line 1.1 includes direct written premium of $ 20,385,262 for stand-alone dental and $ 39,950,141 for stand-alone vision policies.

SUPPLEMENT FOR THE YEAR 2018 OF THE UnitedHealthcare Insurance Company

SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 3

(To Be Filed by April 1 - Not for Rebate Purposes)

REPORT FOR: 1. CORPORATION UnitedHealthcare Insurance Company 2. 185 Asylum Street Hartford, CT 061033408 (LOCATION)

NAIC Group Code 0707 BUSINESS IN THE STATE OF District of Columbia DURING THE YEAR 2018 NAIC Company Code 79413

	All Expenses	Improving Health Care Quality Expenses						Claims Adjustment Expenses		9	10
		1 Improve Health Outcomes	2 Activities to Prevent Hospital Readmissions	3 Improve Patient Safety and Reduce Medical Errors	4 Wellness & Health Promotion Activities	5 HIT Expenses	6 Total (1 to 5)	7 Cost Containment Expenses	8 Other Claims Adjustment Expenses	General Administrative Expenses	Total Expenses (6 to 9)
1.	Individual Comprehensive Coverage Expenses:										
	1.1 Salaries (including $ 231 for affiliated services)	0	0	0	0	0	0	23	(60)	268	231
	1.2 Outsourced Services	0	0	0	0	0	0	3	(9)	20	14
	1.3 EDP Equipment and Software (incl $ 10 for affiliated services)	0	0	0	0	0	0	2	(7)	15	10
	1.4 Other Equipment (excl. EDP) (incl $ 1 for affiliated services)	0	0	0	0	0	0	0	(1)	1	1
	1.5 Accreditation and Certification (incl $ 0 for affiliated services)	0	XXX	XXX	XXX	XXX	0	0	0	0	0
	1.6 Other Expenses (incl $ 546 for affiliated services)	2,460	0	0	0	0	2,460	52	(169)	(27,521)	(25,178)
	1.7 Subtotal before Reimbursements and Taxes (Lines 1.1 to 1.6)	2,460	0	0	0	0	2,460	81	(246)	(27,217)	(24,922)
	1.8 Reimbursements by uninsured plans and fiscal intermediaries	0	0	0	0	0	0	0	0	0	0
	1.9 Taxes, Licenses and Fees (in total, for tying purposes)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	6,133	6,133
	1.10 Total (1.7 to 1.9)	2,460	0	0	0	0	2,460	81	(246)	(21,084)	(18,789)
	1.11 Total Fraud and Abuse Detection/Recovery Expenses included in Column 7 (informational only)	0	0	0	0	0	0	0	0	0	0
2.	Small Group Comprehensive Coverage Expenses:										
	2.1 Salaries (including $ 1,400,586 for affiliated services)	0	0	0	0	0	0	190,293	290,188	920,105	1,400,586
	2.2 Outsourced Services	0	0	0	0	0	0	47,103	33,256	95,768	176,127
	2.3 EDP Equipment and Software (incl $ 98,244 for affiliated services)	0	0	0	0	0	0	15,890	24,232	58,121	98,244
	2.4 Other Equipment (excl. EDP) (incl $ 9,430 for affiliated services)	0	0	0	0	0	0	1,525	2,326	5,579	9,430
	2.5 Accreditation and Certification (incl $ 1,024 for affiliated services)	0	XXX	XXX	XXX	XXX	0	166	253	606	1,024
	2.6 Other Expenses (incl $ 3,285,525 for affiliated services)	458,710	0	0	0	0	458,710	437,431	649,024	4,171,384	5,716,549
	2.7 Subtotal before Reimbursements and Taxes (Lines 2.1 to 2.6)	458,710	0	0	0	0	458,710	692,408	999,278	5,251,564	7,401,960
	2.8 Reimbursements by uninsured plans and fiscal intermediaries	0	0	0	0	0	0	0	0	0	0
	2.9 Taxes, Licenses and Fees (in total, for tying purposes)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1,448,515	1,448,515
	2.10 Total (2.7 to 2.9)	458,710	0	0	0	0	458,710	692,408	999,278	6,700,079	8,850,475
	2.11 Total Fraud and Abuse Detection/Recovery Expenses included in Column 7 (informational only)	0	0	0	0	0	0	187,810	0	0	187,810
3.	Large Group Comprehensive Coverage Expenses:										
	3.1 Salaries (including $ 7,658,378 for affiliated services)	0	0	0	0	0	0	1,084,688	1,465,288	5,108,401	7,658,378
	3.2 Outsourced Services	0	0	0	0	0	0	472,484	199,004	538,142	1,209,630
	3.3 EDP Equipment and Software (incl $ 503,220 for affiliated services)	0	0	0	0	0	0	90,577	122,358	290,285	503,220
	3.4 Other Equipment (excl. EDP) (incl $ 48,303 for affiliated services)	0	0	0	0	0	0	8,694	11,745	27,864	48,303
	3.5 Accreditation and Certification (incl $ 5,245 for affiliated services)	0	XXX	XXX	XXX	XXX	0	944	1,275	3,025	5,245
	3.6 Other Expenses (incl $ 18,134,311 for affiliated services)	3,163,650	0	0	0	0	3,163,650	2,495,205	3,277,214	10,412,875	19,348,943
	3.7 Subtotal before Reimbursements and Taxes (Lines 3.1 to 3.6)	3,163,650	0	0	0	0	3,163,650	4,152,591	5,076,885	16,380,593	28,773,719
	3.8 Reimbursements by uninsured plans and fiscal intermediaries	0	0	0	0	0	0	(2,240)	394	1,847	0
	3.9 Taxes, Licenses and Fees (in total, for tying purposes)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	8,965,417	8,965,417
	3.10 Total (3.7 to 3.9)	3,163,650	0	0	0	0	3,163,650	4,150,351	5,077,279	25,347,857	37,739,137
	3.11 Total Fraud and Abuse Detection/Recovery Expenses included in Column 7 (informational only)	0	0	0	0	0	0	1,162,582	0	0	1,162,582

SUPPLEMENT FOR THE YEAR 2018 OF THE UnitedHealthcare Insurance Company

SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 3 (Continued)

	All Expenses	Improving Health Care Quality Expenses						Claims Adjustment Expenses		9	10
		1 Improve Health Outcomes	2 Activities to Prevent Hospital Readmissions	3 Improve Patient Safety and Reduce Medical Errors	4 Wellness & Health Promotion Activities	5 HIT Expenses	6 Total (1 to 5)	7 Cost Containment Expenses	8 Other Claims Adjustment Expenses	General Administrative Expenses	Total Expenses (6 to 9)
4.	Individual Mini-Med Plans Expenses:										
	4.1 Salaries (including $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	4.2 Outsourced Services	0	0	0	0	0	0	0	0	0	0
	4.3 EDP Equipment and Software (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	4.4 Other Equipment (excl. EDP) (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	4.5 Accreditation and Certification (incl $ 0 for affiliated services)	0	XXX	XXX	XXX	XXX	0	0	0	0	0
	4.6 Other Expenses (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	4.7 Subtotal before Reimbursements and Taxes (Lines 4.1 to 4.6)	0	0	0	0	0	0	0	0	0	0
	4.8 Reimbursements by uninsured plans and fiscal intermediaries	0	0	0	0	0	0	0	0	0	0
	4.9 Taxes, Licenses and Fees (in total, for tying purposes)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0
	4.10 Total (4.7 to 4.9)	0	0	0	0	0	0	0	0	0	0
	4.11 Total Fraud and Abuse Detection/Recovery Expenses included in Column 7 (informational only)	0	0	0	0	0	0	0	0	0	0
5.	Small Group Mini-Med Plans Expenses:										
	5.1 Salaries (including $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	5.2 Outsourced Services	0	0	0	0	0	0	0	0	0	0
	5.3 EDP Equipment and Software (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	5.4 Other Equipment (excl. EDP) (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	5.5 Accreditation and Certification (incl $ 0 for affiliated services)	0	XXX	XXX	XXX	XXX	0	0	0	0	0
	5.6 Other Expenses (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	5.7 Subtotal before Reimbursements and Taxes (Lines 5.1 to 5.6)	0	0	0	0	0	0	0	0	0	0
	5.8 Reimbursements by uninsured plans and fiscal intermediaries	0	0	0	0	0	0	0	0	0	0
	5.9 Taxes, Licenses and Fees (in total, for tying purposes)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0
	5.10 Total (5.7 to 5.9)	0	0	0	0	0	0	0	0	0	0
	5.11 Total Fraud and Abuse Detection/Recovery Expenses included in Column 7 (informational only)	0	0	0	0	0	0	0	0	0	0
6.	Large Group Mini-Med Plans Expenses:										
	6.1 Salaries (including $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	6.2 Outsourced Services	0	0	0	0	0	0	0	0	0	0
	6.3 EDP Equipment and Software (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	6.4 Other Equipment (excl. EDP) (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	6.5 Accreditation and Certification (incl $ 0 for affiliated services)	0	XXX	XXX	XXX	XXX	0	0	0	0	0
	6.6 Other Expenses (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	6.7 Subtotal before Reimbursements and Taxes (Lines 6.1 to 6.6)	0	0	0	0	0	0	0	0	0	0
	6.8 Reimbursements by uninsured plans and fiscal intermediaries	0	0	0	0	0	0	0	0	0	0
	6.9 Taxes, Licenses and Fees (in total, for tying purposes)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0
	6.10 Total (6.7 to 6.9)	0	0	0	0	0	0	0	0	0	0
	6.11 Total Fraud and Abuse Detection/Recovery Expenses included in Column 7 (informational only)	0	0	0	0	0	0	0	0	0	0

SUPPLEMENT FOR THE YEAR 2018 OF THE UnitedHealthcare Insurance Company

SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 3 (Continued)

	All Expenses	Improving Health Care Quality Expenses						Claims Adjustment Expenses		9	10
		1 Improve Health Outcomes	2 Activities to Prevent Hospital Readmissions	3 Improve Patient Safety and Reduce Medical Errors	4 Wellness & Health Promotion Activities	5 HIT Expenses	6 Total (1 to 5)	7 Cost Containment Expenses	8 Other Claims Adjustment Expenses	General Administrative Expenses	Total Expenses (6 to 9)
7.	Small Group Expatriate Plans Expenses:										
	7.1 Salaries (including $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	7.2 Outsourced Services	0	0	0	0	0	0	0	0	0	0
	7.3 EDP Equipment and Software (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	7.4 Other Equipment (excl. EDP) (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	7.5 Accreditation and Certification (incl $ 0 for affiliated services)	0	XXX	XXX	XXX	XXX	0	0	0	0	0
	7.6 Other Expenses (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	7.7 Subtotal before Reimbursements and Taxes (Lines 7.1 to 7.6)	0	0	0	0	0	0	0	0	0	0
	7.8 Reimbursements by uninsured plans and fiscal intermediaries	0	0	0	0	0	0	0	0	0	0
	7.9 Taxes, Licenses and Fees (in total, for tying purposes)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0
	7.10 Total (7.7 to 7.9)	0	0	0	0	0	0	0	0	0	0
	7.11 Total Fraud and Abuse Detection/Recovery Expenses included in Column 7 (informational only)	0	0	0	0	0	0	0	0	0	0
8.	Large Group Expatriate Plans Expenses:										
	8.1 Salaries (including $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	8.2 Outsourced Services	0	0	0	0	0	0	0	0	0	0
	8.3 EDP Equipment and Software (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	8.4 Other Equipment (excl. EDP) (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	8.5 Accreditation and Certification (incl $ 0 for affiliated services)	0	XXX	XXX	XXX	XXX	0	0	0	0	0
	8.6 Other Expenses (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	8.7 Subtotal before Reimbursements and Taxes (Lines 8.1 to 8.6)	0	0	0	0	0	0	0	0	0	0
	8.8 Reimbursements by uninsured plans and fiscal intermediaries	0	0	0	0	0	0	0	0	0	0
	8.9 Taxes, Licenses and Fees (in total, for tying purposes)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0
	8.10 Total (8.7 to 8.9)	0	0	0	0	0	0	0	0	0	0
	8.11 Total Fraud and Abuse Detection/Recovery Expenses included in Column 7 (informational only)	0	0	0	0	0	0	0	0	0	0
9.	Student Health Plans Expenses:										
	9.1 Salaries (including $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	9.2 Outsourced Services	0	0	0	0	0	0	0	0	0	0
	9.3 EDP Equipment and Software (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	9.4 Other Equipment (excl. EDP) (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	9.5 Accreditation and Certification (incl $ 0 for affiliated services)	0	XXX	XXX	XXX	XXX	0	0	0	0	0
	9.6 Other Expenses (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	9.7 Subtotal before Reimbursements and Taxes (Lines 9.1 to 9.6)	0	0	0	0	0	0	0	0	0	0
	9.8 Reimbursements by uninsured plans and fiscal intermediaries	0	0	0	0	0	0	0	0	0	0
	9.9 Taxes, Licenses and Fees (in total, for tying purposes)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0
	9.10 Total (9.7 to 9.9)	0	0	0	0	0	0	0	0	0	0
	9.11 Total Fraud and Abuse Detection/Recovery Expenses included in Column 7 (informational only)	0	0	0	0	0	0	0	0	0	0



SUPPLEMENT FOR THE YEAR 2018 OF THE UnitedHealthcare Insurance Company

SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 1

(To Be Filed by April 1 - Not for Rebate Purposes - See Cautionary Statement at http://www.naic.org/documents/committees_e_app_blanks_related_shce_cautionary_statement.pdf)

REPORT FOR: 1. CORPORATION UnitedHealthcare Insurance Company 2. 185 Asylum Street Hartford, CT 061033408 (LOCATION)

NAIC Group Code 0707 BUSINESS IN THE STATE OF Florida DURING THE YEAR 2018 NAIC Company Code 79413

	Business Subject to MLR								9	10	11	12	13	14	15
	Comprehensive Health Coverage			Mini-Med Plans			Expatriate Plans								
	1 Individual	2 Small Group Employer	3 Large Group Employer	4 Individual	5 Small Group Employer	6 Large Group Employer	7 Small Group	8 Large Group	Student Health Plans	Government Business (excluded by statute)	Other Health Business	Medicare Advantage Part C and Medicare Part D Stand-Alone Subject to ACA	Subtotal (Cols. 1 through 12)	Uninsured Plans	Total 13 + 14
1. Premium:															
1.1 Health premiums earned (From Part 2, Line 1.11)	11,010,789	469,460,744	1,795,875,714	0	0	0	0	0	0	11,277,135	1,471,381,809	3,347,204,224	7,106,210,415	XXX	7,106,210,415
1.2 Federal high risk pools	0	0	0	0	0	0	0	0	0	0	0	0	0	XXX	0
1.3 State high risk pools	(8,474)	(22,109)	(91,906)	0	0	0	0	0	0	0	744,862	0	622,373	XXX	622,373
1.4 Premiums earned including state and federal high risk programs (Lines 1.1 + 1.2 + 1.3)	11,002,315	469,438,635	1,795,783,808	0	0	0	0	0	0	11,277,135	1,472,126,671	3,347,204,224	7,106,832,788	XXX	7,106,832,788
1.5 Federal taxes and federal assessments	641,417	22,460,979	61,089,029	0	0	0	0	0	0	(5,244,659)	13,559,118	112,788,972	205,294,855	(262,864)	205,031,991
1.6 State insurance, premium and other taxes (Similar local taxes of $ 24,450,541)	(1,992,873)	8,049,276	28,205,048	0	0	0	0	0	0	(1,392,700)	21,498,151	12,686,327	67,053,229	(44,694)	67,008,535
1.6a Community Benefit Expenditures (informational only)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
1.7 Regulatory authority licenses and fees	51,632	64,303	135,084	0	0	0	0	0	0	0	(312,070)	0	(61,051)	0	(61,051)
1.8 Adjusted Premiums Earned (Lines 1.4 - 1.5 - 1.6 - 1.7)	12,302,140	438,864,077	1,706,354,647	0	0	0	0	0	0	17,914,494	1,437,381,472	3,221,728,925	6,834,545,754	XXX	6,834,853,312
1.9 Net Assumed less Ceded reinsurance premiums earned	11,325	427,439	(296,050,071)	0	0	0	0	0	0	1,851,115	(2,270,701)	211	(296,030,683)	XXX	(296,030,683)
1.10 Other Adjustments due to MLR calculations - Premiums	0	73,870	2,203,671	0	0	0	0	0	0	0	18,966	2,503,469	4,799,975	XXX	4,799,975
1.11 Risk Revenue	0	0	0	0	0	0	0	0	0	0	0	0	0	XXX	0
1.12 Net adjusted premiums earned after reinsurance (Lines 1.8 + 1.9 + 1.10 + 1.11)	12,313,465	439,365,386	1,412,508,246	0	0	0	0	0	0	19,765,609	1,435,129,736	3,224,232,605	6,543,315,047	XXX	6,543,622,605
2. Claims:															
2.1 Incurred claims excluding prescription drugs	8,026,725	293,085,255	1,265,826,140	0	0	0	0	0	0	40,960,601	1,160,037,216	2,333,570,322	5,101,506,259	XXX	5,101,506,259
2.2 Prescription drugs	2,307,956	82,385,734	286,780,265	0	0	0	0	0	0	0	12,191,981	928,098,645	1,311,764,581	XXX	1,311,764,581
2.3 Pharmaceutical rebates	623,858	24,663,235	90,723,614	0	0	0	0	0	0	0	344,548	523,665,305	640,020,561	XXX	640,020,561
2.4 State stop loss, market stabilization and claim/census based assessments (informational only)	97	767,532	1,652,650	0	0	0	0	0	0	0	(124,375)	0	2,295,903	XXX	2,295,903
3. Incurred medical incentive pools and bonuses	0	320,691	1,981,931	0	0	0	0	0	0	0	0	10,246,782	12,549,404	XXX	12,549,404
4. Deductible Fraud and Abuse Detection/Recovery Expenses (for MLR use only)	918	255,523	660,876	0	0	0	0	0	0	1,265	0	692,746	1,611,329	0	1,611,329
5. 5.0 Total Incurred Claims (Lines 2.1 + 2.2 - 2.3 + 3) (From Part 2, Line 2.15)	9,710,822	351,128,445	1,463,864,722	0	0	0	0	0	0	40,960,601	1,171,884,649	2,748,250,444	5,785,799,683	XXX	5,785,799,683
5.1 Net Assumed less Ceded reinsurance claims incurred	(11,693)	0	(237,919,912)	0	0	0	0	0	0	0	(764,555)	0	(238,696,160)	XXX	(238,696,160)
5.2 Other Adjustments due to MLR calculations - Claims	0	(10,593,599)	0	0	0	0	0	0	0	0	0	(553,234)	(11,146,833)	XXX	(11,146,833)
5.3 Rebates paid	0	10,258,433	0	0	0	0	0	0	0	XXX	XXX	0	10,258,433	XXX	10,258,433
5.4 Estimated rebates unpaid prior year	0	11,150,223	0	0	0	0	0	0	0	XXX	XXX	0	11,150,223	XXX	11,150,223
5.5 Estimated rebates unpaid current year	0	11,485,389	0	0	0	0	0	0	0	XXX	XXX	553,234	12,038,623	XXX	12,038,623
5.6 Fee for service and co-pay revenue	0	0	0	0	0	0	0	0	0	0	0	0	0	XXX	0
5.7 Net incurred claims after reinsurance (Lines 5.0 + 5.1 + 5.2 + 5.3 - 5.4 + 5.5 - 5.6)	9,699,128	351,128,445	1,225,944,810	0	0	0	0	0	0	40,960,601	1,171,120,095	2,748,250,444	5,547,103,523	XXX	5,547,103,523
6. Improving Health Care Quality Expenses Incurred:															
6.1 Improve health outcomes	88,086	3,755,686	14,367,006	0	0	0	0	0	0	20,195	2,775,410	13,146,034	34,152,416	125,239	34,277,655
6.2 Activities to prevent hospital readmissions	0	0	0	0	0	0	0	0	0	8,777	806,622	3,588,026	4,403,425	40,894	4,444,319
6.3 Improve patient safety and reduce medical errors	0	0	0	0	0	0	0	0	0	10,927	668,969	4,320,409	5,000,304	89,456	5,089,761
6.4 Wellness and health promotion activities	0	0	0	0	0	0	0	0	0	2,385	9,391,793	2,830,858	12,225,037	43,450	12,268,487
6.5 Health Information Technology expenses related to health improvement	0	0	0	0	0	0	0	0	0	22,410	653,601	7,464,257	8,140,268	130,351	8,270,619
6.6 Total of Defined Expenses Incurred for Improving Health Care Quality (Lines 6.1+6.2+6.3+6.4+6.5)	88,086	3,755,686	14,367,006	0	0	0	0	0	0	64,694	14,296,395	31,349,584	63,921,450	429,391	64,350,841
7. Preliminary Medical Loss Ratio: MLR ((Lines 4 + 5.0 + 6.6 - Footnote 2.0)/Line 1.8	0.797	0.809	0.867	0.000	0.000	0.000	0.000	0.000	0.000	XXX	XXX	0.863	XXX	XXX	XXX
8. Claims Adjustment Expenses:															
8.1 Cost containment expenses not included in quality of care expenses in Line 6.6	69,098	4,339,589	19,113,833	0	0	0	0	0	0	100,439	2,201,516	29,991,876	55,816,350	1,060,697	56,877,048
8.2 All other claims adjustment expenses	151,448	6,610,641	25,207,542	0	0	0	0	0	0	99,954	20,525,493	52,562,951	105,158,030	690,092	105,848,122
8.3 Total claims adjustment expenses (Lines 8.1 + 8.2)	220,546	10,950,230	44,321,374	0	0	0	0	0	0	200,392	22,727,009	82,554,827	160,974,380	1,750,790	162,725,169
9. Claims Adjustment Expense Ratio (Line 8.3/Line 1.8)	0.018	0.025	0.026	0.000	0.000	0.000	0.000	0.000	0.000	0.011	0.016	0.026	XXX	XXX	XXX

SUPPLEMENT FOR THE YEAR 2018 OF THE UnitedHealthcare Insurance Company

SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 1 (Continued)

	Business Subject to MLR									10	11	12	13	14	15
	Comprehensive Health Coverage			Mini-Med Plans			Expatriate Plans		9						
	1 Individual	2 Small Group Employer	3 Large Group Employer	4 Individual	5 Small Group Employer	6 Large Group Employer	7 Small Group	8 Large Group	Student Health Plans	Government Business (excluded by statute)	Other Health Business	Medicare Advantage Part C and Medicare Part D Stand-Alone Subject to ACA	Subtotal (Cols. 1 through 12)	Uninsured Plans	Total 13 + 14
10. General and Administrative (G&A) Expenses:															
10.1 Direct sales salaries and benefits	19,625	1,486,105	8,146,050	0	0	0	0	0	0	33,962	2,739,572	7,255,989	19,681,303	559,742	20,241,045
10.2 Agents and brokers fees and commissions	213,367	14,546,138	11,660,839	0	0	0	0	0	0	0	53,519,573	63,744,080	143,683,997	0	143,683,997
10.3 Other taxes (excluding taxes on Lines 1.5 through 1.7 and Line 14 below)	(7,178)	(1,092,785)	1,935,211	0	0	0	0	0	0	13,846	2,401,538	5,308,750	8,559,382	130,764	8,690,146
10.4 Other general and administrative expenses	550,503	20,291,700	38,560,287	0	0	0	0	0	0	401,037	130,327,689	168,295,769	358,426,984	3,505,487	361,932,471
10.4a Community Benefit Expenditures (informational only)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
10.5 Total general and administrative (Lines 10.1 +10.2 + 10.3 + 10.4)	776,317	35,231,158	60,302,388	0	0	0	0	0	0	448,844	188,988,371	244,604,588	530,351,667	4,195,992	534,547,659
11. Underwriting Gain/(Loss) (Lines 1.12 - 5.7 - 6.6 - 8.3 - 10.5)	1,529,387	38,299,866	67,572,668	0	0	0	0	0	0	(21,908,923)	37,997,867	117,473,161	240,964,027	XXX	234,895,412
12. Income from fees of uninsured plans	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	5,041,312	5,041,312
13. Net investment and other gain/(loss)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	101,445,489	XXX	101,445,489
14. Federal income taxes (excluding taxes on Line 1.5 above)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	3,590,678	XXX	3,590,678
15. Net gain or (loss) (Lines 11 + 12 + 13 - 14)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	338,818,838	XXX	337,791,535
16. ICD-10 Implementation Expenses (informational only; already included in general expenses and line 10.4)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
16. 16a ICD-10 Implementation Expenses (informational only; already included in line 10.4)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
OTHER INDICATORS:															
1. Number of certificates/policies	931	44,539	211,023	0	0	0	0	0	0	0	1,036,428	621,590	1,914,511	0	1,914,511
2. Number of Covered Lives	1,365	76,654	367,989	0	0	0	0	0	0	0	1,384,428	621,590	2,452,026	0	2,452,026
3. Number of Groups	XXX	9,066	10,386	XXX	0	0	0	0	0	0	17,539	9	37,000	0	37,000
4. Member Months	16,446	831,836	4,214,048	0	0	0	0	0	0	0	16,733,708	7,420,372	29,216,410	0	29,216,410

Is run off business reported in Columns 1 through 9 or 12? Yes [ ] No [ ] If yes, show the amount of premiums and claims included. Premiums $ 0 Claims $ 0

216-2.FL

AFFORDABLE CARE ACT (ACA) RECEIPTS, PAYMENTS, RECEIVABLES and PAYABLES

	Current Year Comprehensive Health Coverage		Prior Year Comprehensive Health Coverage	
	1 Individual Plans	2 Small Group Employer Plans	3 Individual Plans	4 Small Group Employer Plans
ACA Receivables and Payables				
1. Permanent ACA Risk Adjustment Program 1.0 Premium adjustments receivable/(payable)	489,524	4,639,937	(71,511)	1,380,826
2. Transitional ACA Reinsurance Program 2.0 Total amounts recoverable for claims (paid & unpaid)	0	XXX	0	XXX
3. Temporary ACA Risk Corridors Program 3.1 Accrued retrospective premium	0	0	0	0
3.2 Reserve for rate credits or policy experience refunds	0	0	0	0
ACA Receipts and Payments				
4. Permanent ACA Risk Adjustment Program 4.0 Premium adjustments receipts/(payments)	(89,247)	5,266,471	(164,101)	5,609,648
5. Transitional ACA Reinsurance Program 5.0 Amounts received for claims	0	XXX	0	XXX
6. Temporary ACA Risk Corridors Program 6.1 Retrospective premium received	0	0	0	0
6.2 Rate credits or policy experience refunds paid	0	0	0	0

SUPPLEMENT FOR THE YEAR 2018 OF THE UnitedHealthcare Insurance Company

SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 2

(To Be Filed by April 1 - Not for Rebate Purposes)

REPORT FOR: 1. CORPORATION UnitedHealthcare Insurance Company 2. 185 Asylum Street Hartford, CT 061033408 (LOCATION)

NAIC Group Code 0707 BUSINESS IN THE STATE OF Florida DURING THE YEAR 2018 NAIC Company Code 79413

	Business Subject to MLR												
	Comprehensive Health Coverage			Mini-Med Plans			Expatriate Plans:		9	10	11	12	13
	1	2	3	4	5	6	7	8					
	Individual	Small Group Employer	Large Group Employer	Individual	Small Group Employer	Large Group Employer	Small Group	Large Group	Student Health Plans	Government Business (excluded by statute)	Other Health Business	Medicare Advantage Part C and Medicare Part D Stand-Alone Subject to ACA	Total (a)
1. Health Premiums Earned:													
1.1 Direct premiums written	11,010,789	469,387,269	1,798,174,537	0	0	0	0	0	0	11,277,135	1,471,431,144	3,349,707,693	7,110,988,567
1.2 Unearned premium prior year	0	142,290	(20,811)	0	0	0	0	0	0	0	176,021	0	297,500
1.3 Unearned premium current year	0	(5,054)	74,341	0	0	0	0	0	0	0	206,390	0	275,677
1.4 Change in unearned premium (Lines 1.2 - 1.3)	0	147,344	(95,152)	0	0	0	0	0	0	0	(30,369)	0	21,823
1.5 Paid rate credits	319,458	10,258,433	593,566	0	0	0	0	0	0	0	(45,362,526)	23,635,564	(10,555,504)
1.6 Reserve for rate credits current year	0	11,485,389	(425,857)	0	0	0	0	0	0	0	1,220,699	13,813,333	26,093,563
1.7 Reserve for rate credits prior year	0	11,150,223	614,557	0	0	0	0	0	0	0	1,295,191	31,781,084	44,841,055
1.8 Change in reserve for rate credits (Lines 1.6 - 1.7)	0	335,166	(1,040,414)	0	0	0	0	0	0	0	(74,493)	(17,967,751)	(18,747,492)
1.9 Premium balances written off	0	73,870	2,203,671	0	0	0	0	0	0	0	18,966	2,503,469	4,799,975
1.10 Group conversion charge	0	0	0	0	0	0	0	0	0	0	0	0	0
1.11 Total direct premiums earned (Lines 1.1 + 1.4 - 1.9 + 1.10)	11,010,789	469,460,744	1,795,875,714	0	0	0	0	0	0	11,277,135	1,471,381,809	3,347,204,224	7,106,210,415
1.12 Assumed premiums earned from non-affiliates	0	0	0	0	0	0	0	0	0	0	0	0	0
1.13 Net Assumed less Ceded premiums earned from affiliates	11,325	426,905	210,526	0	0	0	0	0	0	1,851,115	0	211	2,500,082
1.14 Ceded premiums earned to non-affiliates	0	(534)	296,260,597	0	0	0	0	0	0	0	2,270,701	0	298,530,765
1.15 Other Adjustments due to MLR calculation - Premiums	0	73,870	2,203,671	0	0	0	0	0	0	0	18,966	2,503,469	4,799,975
1.16 Net premiums earned (Lines 1.11 - 1.5 - 1.8 + 1.12 + 1.13 - 1.14 + 1.15)	10,702,655	459,368,454	1,502,476,161	0	0	0	0	0	0	13,128,250	1,514,567,092	3,344,040,091	6,844,282,703
2. Direct Claims Incurred:													
2.1 Paid claims during the year	10,443,100	334,132,435	1,454,410,721	0	0	0	0	0	0	38,197,082	1,164,244,633	2,782,915,598	5,784,343,569
2.2 Direct claim liability current year	(121,426)	38,626,989	164,722,308	0	0	0	0	0	0	6,265,569	141,932,266	286,982,471	638,408,176
2.3 Direct claim liability prior year	245,644	31,980,778	156,047,368	0	0	0	0	0	0	4,273,176	134,962,933	326,115,517	653,625,415
2.4 Direct claim reserves current year	34,004	2,150,836	3,581,482	0	0	0	0	0	0	79,547	51,639,893	2,266,391	59,752,153
2.5 Direct claim reserves prior year	68,134	1,263,006	3,647,107	0	0	0	0	0	0	28,025	48,900,596	254,298	54,161,166
2.6 Direct contract reserves current year	2,394,187	0	0	0	0	0	0	0	0	0	442,381,094	0	444,775,281
2.7 Direct contract reserves prior year	3,030,799	0	0	0	0	0	0	0	0	0	398,912,780	0	401,943,579
2.8 Paid rate credits	319,458	10,258,433	593,566	0	0	0	0	0	0	0	(45,362,526)	23,635,564	(10,555,504)
2.9 Reserve for rate credits current year	0	11,485,389	(425,857)	0	0	0	0	0	0	0	1,220,699	13,813,333	26,093,563
2.10 Reserve for rate credits prior year	0	11,150,223	614,557	0	0	0	0	0	0	0	1,295,191	31,781,084	44,841,055
2.11 Incurred medical incentive pools and bonuses (Lines 2.11a + 2.11b - 2.11c)	0	320,691	1,981,931	0	0	0	0	0	0	0	0	10,246,782	12,549,404
2.11a Paid medical incentive pools and bonuses current year	0	251,671	1,111,470	0	0	0	0	0	0	0	0	10,807,851	12,170,993
2.11b Accrued medical incentive pools and bonuses current year	0	550,462	2,685,850	0	0	0	0	0	0	0	0	9,337,761	12,574,073
2.11c Accrued medical incentive pools and bonuses prior year	0	481,442	1,815,389	0	0	0	0	0	0	0	0	9,898,831	12,195,663
2.12 Net healthcare receivables (Lines 2.12a - 2.12b)	13,923	1,452,321	690,398	0	0	0	0	0	0	(719,605)	99,909	13,458,795	14,995,743
2.12a Healthcare receivables current year	13,923	10,702,041	37,596,828	0	0	0	0	0	0	1,526,884	100,654	254,652,521	304,592,850
2.12b Healthcare receivables prior year	0	9,249,719	36,906,430	0	0	0	0	0	0	2,246,489	744	241,193,726	289,597,107
2.13 Group conversion charge	0	0	0	0	0	0	0	0	0	0	0	0	0
2.14 Multi-option coverage blended rate adjustment	0	0	0	0	0	0	0	0	0	0	0	0	0
2.15 Total incurred claims (Lines 2.1 + 2.2 - 2.3 + 2.4 - 2.5 + 2.6 - 2.7 + 2.8 + 2.9 - 2.10 + 2.11 - 2.12 + 2.13 + 2.14)	9,710,822	351,128,445	1,463,864,722	0	0	0	0	0	0	40,960,601	1,171,884,649	2,748,250,444	5,785,799,683
2.16 Assumed incurred claims from non-affiliates	0	0	0	0	0	0	0	0	0	0	0	0	0
2.17 Net assumed less ceded incurred claims from affiliates	0	0	0	0	0	0	0	0	0	0	0	0	0
2.18 Ceded incurred claims to non-affiliates	11,693	0	237,919,912	0	0	0	0	0	0	0	764,555	0	238,696,160
2.19 Other adjustments due to MLR calculation - Claims	0	0	0	0	0	0	0	0	0	0	0	0	0
2.20 Net Incurred Claims (Lines 2.15 - 2.8 - 2.9 + 2.10 + 2.16 + 2.17 - 2.18 + 2.19)	9,379,670	340,534,847	1,226,391,657	0	0	0	0	0	0	40,960,601	1,216,557,113	2,742,582,632	5,576,406,519
3. Fraud and Abuse Recoveries that Reduced PAID Claims in Line 2.1 above (informational only)	918	255,523	660,876	0	0	0	0	0	0	10,032	0	692,746	1,620,095

(a) Column 13, Line 1.1 includes direct written premium of $ 111,156,187 for stand-alone dental and $ 28,974,112 for stand-alone vision policies.

SUPPLEMENT FOR THE YEAR 2018 OF THE UnitedHealthcare Insurance Company

SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 3

(To Be Filed by April 1 - Not for Rebate Purposes)

REPORT FOR: 1. CORPORATION UnitedHealthcare Insurance Company 2. 185 Asylum Street Hartford, CT 061033408 (LOCATION)

NAIC Group Code 0707 BUSINESS IN THE STATE OF Florida DURING THE YEAR 2018 NAIC Company Code 79413

	All Expenses	Improving Health Care Quality Expenses						Claims Adjustment Expenses		9	10
		1 Improve Health Outcomes	2 Activities to Prevent Hospital Readmissions	3 Improve Patient Safety and Reduce Medical Errors	4 Wellness & Health Promotion Activities	5 HIT Expenses	6 Total (1 to 5)	7 Cost Containment Expenses	8 Other Claims Adjustment Expenses	General Administrative Expenses	Total Expenses (6 to 9)
1.	Individual Comprehensive Coverage Expenses:										
	1.1 Salaries (including $ 279,653 for affiliated services)	0	0	0	0	0	0	19,575	63,341	196,737	279,653
	1.2 Outsourced Services	0	0	0	0	0	0	2,103	3,604	12,979	18,686
	1.3 EDP Equipment and Software (incl $ 13,888 for affiliated services)	0	0	0	0	0	0	1,635	2,542	9,712	13,888
	1.4 Other Equipment (excl. EDP) (incl $ 1,333 for affiliated services)	0	0	0	0	0	0	157	244	780	1,181
	1.5 Accreditation and Certification (incl $ 145 for affiliated services)	0	XXX	XXX	XXX	XXX	0	17	26	101	145
	1.6 Other Expenses (incl $ 400,521 for affiliated services)	88,086	0	0	0	0	88,086	43,782	79,742	561,799	773,409
	1.7 Subtotal before Reimbursements and Taxes (Lines 1.1 to 1.6)	88,086	0	0	0	0	88,086	67,269	149,500	782,107	1,086,962
	1.8 Reimbursements by uninsured plans and fiscal intermediaries	0	0	0	0	0	0	0	0	0	0
	1.9 Taxes, Licenses and Fees (in total, for tying purposes)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	(1,943,254)	(1,943,254)
	1.10 Total (1.7 to 1.9)	88,086	0	0	0	0	88,086	67,269	149,500	(1,161,147)	(856,292)
	1.11 Total Fraud and Abuse Detection/Recovery Expenses included in Column 7 (informational only)	0	0	0	0	0	0	15,791	0	0	15,791
2.	Small Group Comprehensive Coverage Expenses:										
	2.1 Salaries (including $ 15,156,145 for affiliated services)	0	0	0	0	0	0	1,888,169	2,993,476	10,274,500	15,156,145
	2.2 Outsourced Services	0	0	0	0	0	0	398,757	343,058	1,015,056	1,756,872
	2.3 EDP Equipment and Software (incl $ 1,069,684 for affiliated services)	0	0	0	0	0	0	157,671	249,969	662,044	1,069,684
	2.4 Other Equipment (excl. EDP) (incl $ 102,677 for affiliated services)	0	0	0	0	0	0	15,135	23,994	63,548	102,677
	2.5 Accreditation and Certification (incl $ 11,149 for affiliated services)	0	XXX	XXX	XXX	XXX	0	1,643	2,605	6,900	11,149
	2.6 Other Expenses (incl $ 17,049,663 for affiliated services)	3,755,686	0	0	0	0	3,755,686	1,739,586	2,849,951	24,196,800	32,542,023
	2.7 Subtotal before Reimbursements and Taxes (Lines 2.1 to 2.6)	3,755,686	0	0	0	0	3,755,686	4,200,961	6,463,054	36,218,849	50,638,549
	2.8 Reimbursements by uninsured plans and fiscal intermediaries	0	0	0	0	0	0	0	0	0	0
	2.9 Taxes, Licenses and Fees (in total, for tying purposes)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	7,412,103	7,412,103
	2.10 Total (2.7 to 2.9)	3,755,686	0	0	0	0	3,755,686	4,200,961	6,463,054	43,630,952	58,050,653
	2.11 Total Fraud and Abuse Detection/Recovery Expenses included in Column 7 (informational only)	0	0	0	0	0	0	1,196,813	0	0	1,196,813
3.	Large Group Comprehensive Coverage Expenses:										
	3.1 Salaries (including $ 31,141,477 for affiliated services)	0	0	0	0	0	0	4,373,922	6,054,544	20,713,010	31,141,477
	3.2 Outsourced Services	0	0	0	0	0	0	1,234,555	693,863	1,890,093	3,818,511
	3.3 EDP Equipment and Software (incl $ 2,020,978 for affiliated services)	0	0	0	0	0	0	365,243	505,583	1,150,153	2,020,978
	3.4 Other Equipment (excl. EDP) (incl $ 193,990 for affiliated services)	0	0	0	0	0	0	35,059	48,530	110,401	193,990
	3.5 Accreditation and Certification (incl $ 21,063 for affiliated services)	0	XXX	XXX	XXX	XXX	0	3,807	5,269	11,987	21,063
	3.6 Other Expenses (incl $ 85,931,328 for affiliated services)	14,367,006	0	0	0	0	14,367,006	12,487,771	17,386,546	33,941,087	78,182,409
	3.7 Subtotal before Reimbursements and Taxes (Lines 3.1 to 3.6)	14,367,006	0	0	0	0	14,367,006	18,500,357	24,694,335	57,816,732	115,378,429
	3.8 Reimbursements by uninsured plans and fiscal intermediaries	0	0	0	0	0	0	3,416	2,484	14,801	20,701
	3.9 Taxes, Licenses and Fees (in total, for tying purposes)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	31,931,770	31,931,770
	3.10 Total (3.7 to 3.9)	14,367,006	0	0	0	0	14,367,006	18,503,772	24,696,819	89,763,303	147,330,900
	3.11 Total Fraud and Abuse Detection/Recovery Expenses included in Column 7 (informational only)	0	0	0	0	0	0	5,676,881	0	0	5,676,881

SUPPLEMENT FOR THE YEAR 2018 OF THE UnitedHealthcare Insurance Company

SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 3 (Continued)

	All Expenses	Improving Health Care Quality Expenses						Claims Adjustment Expenses		9	10
		1 Improve Health Outcomes	2 Activities to Prevent Hospital Readmissions	3 Improve Patient Safety and Reduce Medical Errors	4 Wellness & Health Promotion Activities	5 HIT Expenses	6 Total (1 to 5)	7 Cost Containment Expenses	8 Other Claims Adjustment Expenses	General Administrative Expenses	Total Expenses (6 to 9)
4.	Individual Mini-Med Plans Expenses:										
	4.1 Salaries (including $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	4.2 Outsourced Services	0	0	0	0	0	0	0	0	0	0
	4.3 EDP Equipment and Software (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	4.4 Other Equipment (excl. EDP) (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	4.5 Accreditation and Certification (incl $ 0 for affiliated services)	0	XXX	XXX	XXX	XXX	0	0	0	0	0
	4.6 Other Expenses (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	4.7 Subtotal before Reimbursements and Taxes (Lines 4.1 to 4.6)	0	0	0	0	0	0	0	0	0	0
	4.8 Reimbursements by uninsured plans and fiscal intermediaries	0	0	0	0	0	0	0	0	0	0
	4.9 Taxes, Licenses and Fees (in total, for tying purposes)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0
	4.10 Total (4.7 to 4.9)	0	0	0	0	0	0	0	0	0	0
	4.11 Total Fraud and Abuse Detection/Recovery Expenses included in Column 7 (informational only)	0	0	0	0	0	0	0	0	0	0
5.	Small Group Mini-Med Plans Expenses:										
	5.1 Salaries (including $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	5.2 Outsourced Services	0	0	0	0	0	0	0	0	0	0
	5.3 EDP Equipment and Software (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	5.4 Other Equipment (excl. EDP) (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	5.5 Accreditation and Certification (incl $ 0 for affiliated services)	0	XXX	XXX	XXX	XXX	0	0	0	0	0
	5.6 Other Expenses (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	5.7 Subtotal before Reimbursements and Taxes (Lines 5.1 to 5.6)	0	0	0	0	0	0	0	0	0	0
	5.8 Reimbursements by uninsured plans and fiscal intermediaries	0	0	0	0	0	0	0	0	0	0
	5.9 Taxes, Licenses and Fees (in total, for tying purposes)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0
	5.10 Total (5.7 to 5.9)	0	0	0	0	0	0	0	0	0	0
	5.11 Total Fraud and Abuse Detection/Recovery Expenses included in Column 7 (informational only)	0	0	0	0	0	0	0	0	0	0
6.	Large Group Mini-Med Plans Expenses:										
	6.1 Salaries (including $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	6.2 Outsourced Services	0	0	0	0	0	0	0	0	0	0
	6.3 EDP Equipment and Software (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	6.4 Other Equipment (excl. EDP) (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	6.5 Accreditation and Certification (incl $ 0 for affiliated services)	0	XXX	XXX	XXX	XXX	0	0	0	0	0
	6.6 Other Expenses (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	6.7 Subtotal before Reimbursements and Taxes (Lines 6.1 to 6.6)	0	0	0	0	0	0	0	0	0	0
	6.8 Reimbursements by uninsured plans and fiscal intermediaries	0	0	0	0	0	0	0	0	0	0
	6.9 Taxes, Licenses and Fees (in total, for tying purposes)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0
	6.10 Total (6.7 to 6.9)	0	0	0	0	0	0	0	0	0	0
	6.11 Total Fraud and Abuse Detection/Recovery Expenses included in Column 7 (informational only)	0	0	0	0	0	0	0	0	0	0

SUPPLEMENT FOR THE YEAR 2018 OF THE UnitedHealthcare Insurance Company

SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 3 (Continued)

	All Expenses	Improving Health Care Quality Expenses						Claims Adjustment Expenses		9	10
		1 Improve Health Outcomes	2 Activities to Prevent Hospital Readmissions	3 Improve Patient Safety and Reduce Medical Errors	4 Wellness & Health Promotion Activities	5 HIT Expenses	6 Total (1 to 5)	7 Cost Containment Expenses	8 Other Claims Adjustment Expenses	General Administrative Expenses	Total Expenses (6 to 9)
7.	Small Group Expatriate Plans Expenses:										
	7.1 Salaries (including $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	7.2 Outsourced Services	0	0	0	0	0	0	0	0	0	0
	7.3 EDP Equipment and Software (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	7.4 Other Equipment (excl. EDP) (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	7.5 Accreditation and Certification (incl $ 0 for affiliated services)	0	XXX	XXX	XXX	XXX	0	0	0	0	0
	7.6 Other Expenses (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	7.7 Subtotal before Reimbursements and Taxes (Lines 7.1 to 7.6)	0	0	0	0	0	0	0	0	0	0
	7.8 Reimbursements by uninsured plans and fiscal intermediaries	0	0	0	0	0	0	0	0	0	0
	7.9 Taxes, Licenses and Fees (in total, for tying purposes)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0
	7.10 Total (7.7 to 7.9)	0	0	0	0	0	0	0	0	0	0
	7.11 Total Fraud and Abuse Detection/Recovery Expenses included in Column 7 (informational only)	0	0	0	0	0	0	0	0	0	0
8.	Large Group Expatriate Plans Expenses:										
	8.1 Salaries (including $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	8.2 Outsourced Services	0	0	0	0	0	0	0	0	0	0
	8.3 EDP Equipment and Software (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	8.4 Other Equipment (excl. EDP) (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	8.5 Accreditation and Certification (incl $ 0 for affiliated services)	0	XXX	XXX	XXX	XXX	0	0	0	0	0
	8.6 Other Expenses (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	8.7 Subtotal before Reimbursements and Taxes (Lines 8.1 to 8.6)	0	0	0	0	0	0	0	0	0	0
	8.8 Reimbursements by uninsured plans and fiscal intermediaries	0	0	0	0	0	0	0	0	0	0
	8.9 Taxes, Licenses and Fees (in total, for tying purposes)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0
	8.10 Total (8.7 to 8.9)	0	0	0	0	0	0	0	0	0	0
	8.11 Total Fraud and Abuse Detection/Recovery Expenses included in Column 7 (informational only)	0	0	0	0	0	0	0	0	0	0
9.	Student Health Plans Expenses:										
	9.1 Salaries (including $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	9.2 Outsourced Services	0	0	0	0	0	0	0	0	0	0
	9.3 EDP Equipment and Software (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	9.4 Other Equipment (excl. EDP) (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	9.5 Accreditation and Certification (incl $ 0 for affiliated services)	0	XXX	XXX	XXX	XXX	0	0	0	0	0
	9.6 Other Expenses (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	9.7 Subtotal before Reimbursements and Taxes (Lines 9.1 to 9.6)	0	0	0	0	0	0	0	0	0	0
	9.8 Reimbursements by uninsured plans and fiscal intermediaries	0	0	0	0	0	0	0	0	0	0
	9.9 Taxes, Licenses and Fees (in total, for tying purposes)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0
	9.10 Total (9.7 to 9.9)	0	0	0	0	0	0	0	0	0	0
	9.11 Total Fraud and Abuse Detection/Recovery Expenses included in Column 7 (informational only)	0	0	0	0	0	0	0	0	0	0

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SUPPLEMENT FOR THE YEAR 2018 OF THE UnitedHealthcare Insurance Company

SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 1

(To Be Filed by April 1 - Not for Rebate Purposes - See Cautionary Statement at http://www.naic.org/documents/committees_e_app_blanks_related_shce_cautionary_statement.pdf)

REPORT FOR: 1. CORPORATION UnitedHealthcare Insurance Company 2. 185 Asylum Street Hartford, CT 061033408 (LOCATION)

NAIC Group Code 0707 BUSINESS IN THE STATE OF Georgia DURING THE YEAR 2018 NAIC Company Code 79413

	Business Subject to MLR								9	10	11	12	13	14	15
	Comprehensive Health Coverage			Mini-Med Plans			Expatriate Plans								
	1 Individual	2 Small Group Employer	3 Large Group Employer	4 Individual	5 Small Group Employer	6 Large Group Employer	7 Small Group	8 Large Group	Student Health Plans	Government Business (excluded by statute)	Other Health Business	Medicare Advantage Part C and Medicare Part D Stand-Alone Subject to ACA	Subtotal (Cols. 1 through 12)	Uninsured Plans	Total 13 + 14
1. Premium:															
1.1 Health premiums earned (From Part 2, Line 1.11)	474,961	64,021,901	554,649,836	0	0	0	0	0	0	0	478,620,412	2,233,108,297	3,330,875,406	XXX	3,330,875,406
1.2 Federal high risk pools	0	0	0	0	0	0	0	0	0	0	0	0	0	XXX	0
1.3 State high risk pools	(36)	(4,656)	(60,916)	0	0	0	0	0	0	0	166,974	0	101,366	XXX	101,366
1.4 Premiums earned including state and federal high risk programs (Lines 1.1 + 1.2 + 1.3)	474,925	64,017,245	554,588,920	0	0	0	0	0	0	0	478,787,385	2,233,108,297	3,330,976,772	XXX	3,330,976,772
1.5 Federal taxes and federal assessments	14,773	3,141,423	17,729,458	0	0	0	0	0	0	(294)	(1,917,178)	67,265,127	86,233,309	0	86,233,309
1.6 State insurance, premium and other taxes (Similar local taxes of $ 328,245)	6,401	807,521	7,732,146	0	0	0	0	0	0	0	7,878,568	224,246	16,648,882	0	16,648,882
1.6a Community Benefit Expenditures (informational only)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
1.7 Regulatory authority licenses and fees	100	12,331	52,296	0	0	0	0	0	0	0	(71,767)	0	(7,040)	0	(7,040)
1.8 Adjusted Premiums Earned (Lines 1.4 - 1.5 - 1.6 - 1.7)	453,651	60,055,971	529,075,020	0	0	0	0	0	0	294	472,897,761	2,165,618,924	3,228,101,620	XXX	3,228,101,620
1.9 Net Assumed less Ceded reinsurance premiums earned	1,012	29,512	(63,644,872)	0	0	0	0	0	0	0	(1,054,908)	131,313	(64,537,942)	XXX	(64,537,942)
1.10 Other Adjustments due to MLR calculations - Premiums	0	45,798	27,810	0	0	0	0	0	0	0	13,864	3,252,321	3,339,793	XXX	3,339,793
1.11 Risk Revenue	0	0	0	0	0	0	0	0	0	0	0	0	0	XXX	0
1.12 Net adjusted premiums earned after reinsurance (Lines 1.8 + 1.9 + 1.10 + 1.11)	454,663	60,131,281	465,457,958	0	0	0	0	0	0	294	471,856,717	2,169,002,558	3,166,903,472	XXX	3,166,903,472
2. Claims:															
2.1 Incurred claims excluding prescription drugs	323,507	40,331,318	397,881,154	0	0	0	0	0	0	0	295,513,280	1,670,052,550	2,404,101,808	XXX	2,404,101,808
2.2 Prescription drugs	68,651	11,031,194	100,172,586	0	0	0	0	0	0	0	137,954,276	444,294,221	693,520,927	XXX	693,520,927
2.3 Pharmaceutical rebates	18,543	3,065,197	30,437,159	0	0	0	0	0	0	0	57,590	287,420,727	320,999,216	XXX	320,999,216
2.4 State stop loss, market stabilization and claim/census based assessments (informational only)	58	42,156	390,719	0	0	0	0	0	0	0	286	0	433,219	XXX	433,219
3. Incurred medical incentive pools and bonuses	0	24,935	408,655	0	0	0	0	0	0	0	0	7,373,941	7,807,531	XXX	7,807,531
4. Deductible Fraud and Abuse Detection/Recovery Expenses (for MLR use only)	7	55,870	120,439	0	0	0	0	0	0	0	0	272,978	449,294	0	449,294
5. 5.0 Total Incurred Claims (Lines 2.1 + 2.2 - 2.3 + 3) (From Part 2, Line 2.15)	373,615	48,322,250	468,025,236	0	0	0	0	0	0	0	433,409,965	1,834,299,984	2,784,431,050	XXX	2,784,431,050
5.1 Net Assumed less Ceded reinsurance claims incurred	0	0	(54,523,651)	0	0	0	0	0	0	0	(590,390)	0	(55,114,041)	XXX	(55,114,041)
5.2 Other Adjustments due to MLR calculations - Claims	0	(2,903,722)	0	0	0	0	0	0	0	0	0	(12,125,909)	(15,029,631)	XXX	(15,029,631)
5.3 Rebates paid	0	684,063	0	0	0	0	0	0	0	XXX	XXX	7,557,529	8,241,592	XXX	8,241,592
5.4 Estimated rebates unpaid prior year	0	1,324,484	0	0	0	0	0	0	0	XXX	XXX	0	1,324,484	XXX	1,324,484
5.5 Estimated rebates unpaid current year	0	3,544,142	0	0	0	0	0	0	0	XXX	XXX	4,568,381	8,112,523	XXX	8,112,523
5.6 Fee for service and co-pay revenue	0	0	0	0	0	0	0	0	0	0	0	0	0	XXX	0
5.7 Net incurred claims after reinsurance (Lines 5.0 + 5.1 + 5.2 + 5.3 - 5.4 + 5.5 - 5.6)	373,615	48,322,250	413,501,585	0	0	0	0	0	0	0	432,819,575	1,834,299,984	2,729,317,010	XXX	2,729,317,010
6. Improving Health Care Quality Expenses Incurred:															
6.1 Improve health outcomes	3,800	512,175	4,437,199	0	0	0	0	0	0	(1)	955,800	12,064,939	17,973,912	0	17,973,912
6.2 Activities to prevent hospital readmissions	0	0	0	0	0	0	0	0	0	0	571,232	4,811,316	5,382,547	0	5,382,547
6.3 Improve patient safety and reduce medical errors	0	0	0	0	0	0	0	0	0	0	440,847	4,486,448	4,927,295	0	4,927,295
6.4 Wellness and health promotion activities	0	0	0	0	0	0	0	0	0	0	2,228,972	3,768,112	5,997,083	0	5,997,083
6.5 Health Information Technology expenses related to health improvement	0	0	0	0	0	0	0	0	0	0	220,133	6,046,754	6,266,886	0	6,266,886
6.6 Total of Defined Expenses Incurred for Improving Health Care Quality (Lines 6.1+6.2+6.3+6.4+6.5)	3,800	512,175	4,437,199	0	0	0	0	0	0	(1)	4,416,983	31,177,568	40,547,724	0	40,547,724
7. Preliminary Medical Loss Ratio: MLR ((Lines 4 + 5.0 + 6.6 - Footnote 2.0)/Line 1.8	0.832	0.814	0.893	0.000	0.000	0.000	0.000	0.000	0.000	XXX	XXX	0.862	XXX	XXX	XXX
8. Claims Adjustment Expenses:															
8.1 Cost containment expenses not included in quality of care expenses in Line 6.6	4,092	623,211	6,495,586	0	0	0	0	0	0	0	815,566	24,425,454	32,363,910	0	32,363,910
8.2 All other claims adjustment expenses	7,841	945,179	8,035,089	0	0	0	0	0	0	0	5,590,491	45,251,380	59,829,980	0	59,829,980
8.3 Total claims adjustment expenses (Lines 8.1 + 8.2)	11,933	1,568,390	14,530,676	0	0	0	0	0	0	0	6,406,057	69,676,834	92,193,890	0	92,193,890
9. Claims Adjustment Expense Ratio (Line 8.3/Line 1.8)	0.026	0.026	0.027	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.014	0.032	XXX	XXX	XXX

SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 1 (Continued)

	Business Subject to MLR									10	11	12	13	14	15
	Comprehensive Health Coverage			Mini-Med Plans			Expatriate Plans		9						
	1 Individual	2 Small Group Employer	3 Large Group Employer	4 Individual	5 Small Group Employer	6 Large Group Employer	7 Small Group	8 Large Group	Student Health Plans	Government Business (excluded by statute)	Other Health Business	Medicare Advantage Part C and Medicare Part D Stand-Alone Subject to ACA	Subtotal (Cols. 1 through 12)	Uninsured Plans	Total 13 + 14
10. General and Administrative (G&A) Expenses:															
10.1 Direct sales salaries and benefits	1,458	210,853	2,374,256	0	0	0	0	0	0	0	828,905	3,238,581	6,654,053	0	6,654,053
10.2 Agents and brokers fees and commissions	12,253	1,736,119	1,323,908	0	0	0	0	0	0	0	14,004,063	60,129,856	77,206,199	0	77,206,199
10.3 Other taxes (excluding taxes on Lines 1.5 through 1.7 and Line 14 below)	(6,106)	(34,568)	638,439	0	0	0	0	0	0	0	709,180	3,035,013	4,341,957	0	4,341,957
10.4 Other general and administrative expenses	24,651	3,248,538	15,101,223	0	0	0	0	0	0	1,475	34,421,711	111,861,053	164,658,651	0	164,658,651
10.4a Community Benefit Expenditures (informational only)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
10.5 Total general and administrative (Lines 10.1 +10.2 + 10.3 + 10.4)	32,257	5,160,941	19,437,827	0	0	0	0	0	0	1,475	49,963,859	178,264,503	252,860,860	0	252,860,860
11. Underwriting Gain/(Loss) (Lines 1.12 - 5.7 - 6.6 - 8.3 - 10.5)	33,059	4,567,525	13,550,672	0	0	0	0	0	0	(1,181)	(21,749,756)	55,583,669	51,983,987	XXX	51,983,987
12. Income from fees of uninsured plans	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0
13. Net investment and other gain/(loss)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	48,923,681	XXX	48,923,681
14. Federal income taxes (excluding taxes on Line 1.5 above)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	(275,347)	XXX	(275,347)
15. Net gain or (loss) (Lines 11 + 12 + 13 - 14)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	101,183,015	XXX	101,183,015
16. ICD-10 Implementation Expenses (informational only; already included in general expenses and line 10.4)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
16. 16a ICD-10 Implementation Expenses (informational only; already included in line 10.4)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
OTHER INDICATORS:															
1. Number of certificates/policies	35	8,970	79,786	0	0	0	0	0	0	0	421,662	238,402	748,855	0	748,855
2. Number of Covered Lives	68	16,404	137,242	0	0	0	0	0	0	0	696,545	238,402	1,088,661	0	1,088,661
3. Number of Groups	XXX	1,496	1,050	XXX	0	0	0	0	0	0	3,591	1	6,138	0	6,138
4. Member Months	816	175,588	1,679,770	0	0	0	0	0	0	0	8,319,848	2,820,487	12,996,509	0	12,996,509

Is run off business reported in Columns 1 through 9 or 12? Yes [ ] No [ ] If yes, show the amount of premiums and claims included. Premiums $ 0 Claims $ 0

216-2.GA

AFFORDABLE CARE ACT (ACA) RECEIPTS, PAYMENTS, RECEIVABLES and PAYABLES

	Current Year Comprehensive Health Coverage		Prior Year Comprehensive Health Coverage	
	1 Individual Plans	2 Small Group Employer Plans	3 Individual Plans	4 Small Group Employer Plans
ACA Receivables and Payables				
1. Permanent ACA Risk Adjustment Program 1.0 Premium adjustments receivable/(payable)	(6,554)	439,985	59,308	1,898,469
2. Transitional ACA Reinsurance Program 2.0 Total amounts recoverable for claims (paid & unpaid)	0	XXX	0	XXX
3. Temporary ACA Risk Corridors Program 3.1 Accrued retrospective premium	0	0	0	0
3.2 Reserve for rate credits or policy experience refunds	0	0	0	0
ACA Receipts and Payments				
4. Permanent ACA Risk Adjustment Program 4.0 Premium adjustments receipts/(payments)	49,998	1,909,224	75,458	2,170,167
5. Transitional ACA Reinsurance Program 5.0 Amounts received for claims	0	XXX	0	XXX
6. Temporary ACA Risk Corridors Program 6.1 Retrospective premium received	0	0	0	0
6.2 Rate credits or policy experience refunds paid	0	0	0	0

SUPPLEMENT FOR THE YEAR 2018 OF THE UnitedHealthcare Insurance Company

SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 2

(To Be Filed by April 1 - Not for Rebate Purposes)

REPORT FOR: 1. CORPORATION UnitedHealthcare Insurance Company 2. 185 Asylum Street Hartford, CT 061033408 (LOCATION)

NAIC Group Code 0707 BUSINESS IN THE STATE OF Georgia DURING THE YEAR 2018 NAIC Company Code 79413

	Business Subject to MLR												
	Comprehensive Health Coverage			Mini-Med Plans			Expatriate Plans:		9	10	11	12	13
	1	2	3	4	5	6	7	8					
	Individual	Small Group Employer	Large Group Employer	Individual	Small Group Employer	Large Group Employer	Small Group	Large Group	Student Health Plans	Government Business (excluded by statute)	Other Health Business	Medicare Advantage Part C and Medicare Part D Stand-Alone Subject to ACA	Total (a)
1. Health Premiums Earned:													
1.1 Direct premiums written	474,961	64,072,878	554,669,166	0	0	0	0	0	0	0	478,778,853	2,236,360,619	3,334,356,477
1.2 Unearned premium prior year	0	4,971	(418)	0	0	0	0	0	0	0	83,349	0	87,903
1.3 Unearned premium current year	0	10,151	(8,898)	0	0	0	0	0	0	0	227,926	0	229,179
1.4 Change in unearned premium (Lines 1.2 - 1.3)	0	(5,179)	8,480	0	0	0	0	0	0	0	(144,577)	0	(141,276)
1.5 Paid rate credits	0	684,063	642,079	0	0	0	0	0	0	0	1,223,940	6,863,540	9,413,622
1.6 Reserve for rate credits current year	0	3,544,142	2,639,348	0	0	0	0	0	0	0	793,134	(5,601,487)	1,375,138
1.7 Reserve for rate credits prior year	0	1,324,484	642,079	0	0	0	0	0	0	0	842,049	(7,760,207)	(4,951,595)
1.8 Change in reserve for rate credits (Lines 1.6 - 1.7)	0	2,219,659	1,997,269	0	0	0	0	0	0	0	(48,915)	2,158,720	6,326,733
1.9 Premium balances written off	0	45,798	27,810	0	0	0	0	0	0	0	13,864	3,252,321	3,339,793
1.10 Group conversion charge	0	0	0	0	0	0	0	0	0	0	0	0	0
1.11 Total direct premiums earned (Lines 1.1 + 1.4 - 1.9 + 1.10)	474,961	64,021,901	554,649,836	0	0	0	0	0	0	0	478,620,412	2,233,108,298	3,330,875,407
1.12 Assumed premiums earned from non-affiliates	0	0	576,966	0	0	0	0	0	0	0	0	0	576,966
1.13 Net Assumed less Ceded premiums earned from affiliates	1,012	28,717	200,523	0	0	0	0	0	0	0	0	131,313	361,566
1.14 Ceded premiums earned to non-affiliates	0	(795)	64,422,361	0	0	0	0	0	0	0	1,054,908	0	65,476,474
1.15 Other Adjustments due to MLR calculation - Premiums	0	45,798	27,810	0	0	0	0	0	0	0	13,864	3,252,321	3,339,793
1.16 Net premiums earned (Lines 1.11 - 1.5 - 1.8 + 1.12 + 1.13 - 1.14 + 1.15)	475,972	61,193,489	488,393,427	0	0	0	0	0	0	0	476,404,343	2,227,469,672	3,253,936,903
2. Direct Claims Incurred:													
2.1 Paid claims during the year	373,379	39,219,732	471,551,199	0	0	0	0	0	0	0	421,333,237	1,835,357,264	2,767,834,811
2.2 Direct claim liability current year	465	5,111,326	55,045,218	0	0	0	0	0	0	0	32,122,623	235,404,000	327,683,633
2.3 Direct claim liability prior year	229	(3,959,331)	65,698,341	0	0	0	0	0	0	0	32,001,280	227,328,277	321,068,796
2.4 Direct claim reserves current year	0	479,163	916,585	0	0	0	0	0	0	0	18,368,737	320,766	20,085,250
2.5 Direct claim reserves prior year	0	362,449	1,108,664	0	0	0	0	0	0	0	18,695,974	291,064	20,458,151
2.6 Direct contract reserves current year	0	0	0	0	0	0	0	0	0	0	41,734,832	0	41,734,832
2.7 Direct contract reserves prior year	0	0	0	0	0	0	0	0	0	0	30,622,930	0	30,622,930
2.8 Paid rate credits	0	684,063	642,079	0	0	0	0	0	0	0	1,223,940	6,863,540	9,413,622
2.9 Reserve for rate credits current year	0	3,544,142	2,639,348	0	0	0	0	0	0	0	793,134	(5,601,487)	1,375,138
2.10 Reserve for rate credits prior year	0	1,324,484	642,079	0	0	0	0	0	0	0	842,049	(7,760,207)	(4,951,595)
2.11 Incurred medical incentive pools and bonuses (Lines 2.11a + 2.11b - 2.11c)	0	24,935	408,655	0	0	0	0	0	0	0	0	7,373,941	7,807,531
2.11a Paid medical incentive pools and bonuses current year	0	13,086	296,560	0	0	0	0	0	0	0	0	4,579,630	4,889,275
2.11b Accrued medical incentive pools and bonuses current year	0	43,005	720,982	0	0	0	0	0	0	0	0	8,443,967	9,207,954
2.11c Accrued medical incentive pools and bonuses prior year	0	31,156	608,887	0	0	0	0	0	0	0	0	5,649,655	6,289,698
2.12 Net healthcare receivables (Lines 2.12a - 2.12b)	0	3,013,511	(4,271,236)	0	0	0	0	0	0	0	4,304	25,558,905	24,305,485
2.12a Healthcare receivables current year	0	1,364,430	12,104,868	0	0	0	0	0	0	0	19,360	139,722,235	153,210,894
2.12b Healthcare receivables prior year	0	(1,649,080)	16,376,104	0	0	0	0	0	0	0	15,056	114,163,330	128,905,410
2.13 Group conversion charge	0	0	0	0	0	0	0	0	0	0	0	0	0
2.14 Multi-option coverage blended rate adjustment	0	0	0	0	0	0	0	0	0	0	0	0	0
2.15 Total incurred claims (Lines 2.1 + 2.2 - 2.3 + 2.4 - 2.5 + 2.6 - 2.7 + 2.8 + 2.9 - 2.10 + 2.11 - 2.12 + 2.13 + 2.14)	373,615	48,322,250	468,025,236	0	0	0	0	0	0	0	433,409,965	1,834,299,984	2,784,431,050
2.16 Assumed incurred claims from non-affiliates	0	0	562,147	0	0	0	0	0	0	0	0	0	562,147
2.17 Net assumed less ceded incurred claims from affiliates	0	0	0	0	0	0	0	0	0	0	0	0	0
2.18 Ceded incurred claims to non-affiliates	0	0	55,085,798	0	0	0	0	0	0	0	590,390	0	55,676,188
2.19 Other adjustments due to MLR calculation - Claims	0	0	0	0	0	0	0	0	0	0	0	0	0
2.20 Net Incurred Claims (Lines 2.15 - 2.8 - 2.9 + 2.10 + 2.16 + 2.17 - 2.18 + 2.19)	373,615	45,418,528	410,862,238	0	0	0	0	0	0	0	431,644,550	1,825,277,724	2,713,576,654
3. Fraud and Abuse Recoveries that Reduced PAID Claims in Line 2.1 above (informational only)	7	55,870	120,439	0	0	0	0	0	0	0	0	272,978	449,294

(a) Column 13, Line 1.1 includes direct written premium of $ 26,156,200 for stand-alone dental and $ 25,620,549 for stand-alone vision policies.

SUPPLEMENT FOR THE YEAR 2018 OF THE UnitedHealthcare Insurance Company

SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 3

(To Be Filed by April 1 - Not for Rebate Purposes)

REPORT FOR: 1. CORPORATION UnitedHealthcare Insurance Company 2. 185 Asylum Street Hartford, CT 061033408 (LOCATION)

NAIC Group Code 0707 BUSINESS IN THE STATE OF Georgia DURING THE YEAR 2018 NAIC Company Code 79413

	All Expenses	Improving Health Care Quality Expenses						Claims Adjustment Expenses		9	10
		1 Improve Health Outcomes	2 Activities to Prevent Hospital Readmissions	3 Improve Patient Safety and Reduce Medical Errors	4 Wellness & Health Promotion Activities	5 HIT Expenses	6 Total (1 to 5)	7 Cost Containment Expenses	8 Other Claims Adjustment Expenses	General Administrative Expenses	Total Expenses (6 to 9)
1.	Individual Comprehensive Coverage Expenses:										
	1.1 Salaries (including $ 11,892 for affiliated services)	0	0	0	0	0	0	1,149	2,235	8,508	11,892
	1.2 Outsourced Services	0	0	0	0	0	0	132	256	814	1,202
	1.3 EDP Equipment and Software (incl $ 876 for affiliated services)	0	0	0	0	0	0	96	187	593	876
	1.4 Other Equipment (excl. EDP) (incl $ 84 for affiliated services)	0	0	0	0	0	0	9	18	57	84
	1.5 Accreditation and Certification (incl $ 9 for affiliated services)	0	XXX	XXX	XXX	XXX	0	1	2	6	9
	1.6 Other Expenses (incl $ 26,793 for affiliated services)	3,800	0	0	0	0	3,800	2,569	4,998	28,282	39,649
	1.7 Subtotal before Reimbursements and Taxes (Lines 1.1 to 1.6)	3,800	0	0	0	0	3,800	3,956	7,696	38,260	53,712
	1.8 Reimbursements by uninsured plans and fiscal intermediaries	0	0	0	0	0	0	0	0	0	0
	1.9 Taxes, Licenses and Fees (in total, for tying purposes)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	778	778
	1.10 Total (1.7 to 1.9)	3,800	0	0	0	0	3,800	3,956	7,696	39,038	54,489
	1.11 Total Fraud and Abuse Detection/Recovery Expenses included in Column 7 (informational only)	0	0	0	0	0	0	1,173	0	0	1,173
2.	Small Group Comprehensive Coverage Expenses:										
	2.1 Salaries (including $ 4,137,817 for affiliated services)	0	0	0	0	0	0	505,974	796,807	2,835,036	4,137,817
	2.2 Outsourced Services	0	0	0	0	0	0	83,194	91,316	279,953	454,462
	2.3 EDP Equipment and Software (incl $ 292,614 for affiliated services)	0	0	0	0	0	0	42,251	66,537	183,826	292,614
	2.4 Other Equipment (excl. EDP) (incl $ 28,088 for affiliated services)	0	0	0	0	0	0	4,056	6,387	17,645	28,088
	2.5 Accreditation and Certification (incl $ 3,050 for affiliated services)	0	XXX	XXX	XXX	XXX	0	440	693	1,916	3,050
	2.6 Other Expenses (incl $ 386,857 for affiliated services)	512,175	0	0	0	0	512,175	(32,360)	(37,487)	1,862,222	2,304,550
	2.7 Subtotal before Reimbursements and Taxes (Lines 2.1 to 2.6)	512,175	0	0	0	0	512,175	603,555	924,253	5,180,598	7,220,581
	2.8 Reimbursements by uninsured plans and fiscal intermediaries	0	0	0	0	0	0	0	0	0	0
	2.9 Taxes, Licenses and Fees (in total, for tying purposes)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	840,777	840,777
	2.10 Total (2.7 to 2.9)	512,175	0	0	0	0	512,175	603,555	924,253	6,021,375	8,061,358
	2.11 Total Fraud and Abuse Detection/Recovery Expenses included in Column 7 (informational only)	0	0	0	0	0	0	169,695	0	0	169,695
3.	Large Group Comprehensive Coverage Expenses:										
	3.1 Salaries (including $ 8,897,395 for affiliated services)	0	0	0	0	0	0	1,279,054	1,756,600	5,861,741	8,897,395
	3.2 Outsourced Services	0	0	0	0	0	0	762,738	201,310	685,344	1,649,392
	3.3 EDP Equipment and Software (incl $ 587,781 for affiliated services)	0	0	0	0	0	0	106,807	146,684	334,290	587,781
	3.4 Other Equipment (excl. EDP) (incl $ 56,420 for affiliated services)	0	0	0	0	0	0	10,252	14,080	32,088	56,420
	3.5 Accreditation and Certification (incl $ 6,126 for affiliated services)	0	XXX	XXX	XXX	XXX	0	1,113	1,529	3,484	6,126
	3.6 Other Expenses (incl $ 29,207,827 for affiliated services)	4,437,199	0	0	0	0	4,437,199	4,141,038	5,748,349	11,720,153	26,046,739
	3.7 Subtotal before Reimbursements and Taxes (Lines 3.1 to 3.6)	4,437,199	0	0	0	0	4,437,199	6,301,003	7,868,552	18,637,100	37,243,853
	3.8 Reimbursements by uninsured plans and fiscal intermediaries	0	0	0	0	0	0	0	0	0	0
	3.9 Taxes, Licenses and Fees (in total, for tying purposes)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	8,946,290	8,946,290
	3.10 Total (3.7 to 3.9)	4,437,199	0	0	0	0	4,437,199	6,301,003	7,868,552	27,583,389	46,190,143
	3.11 Total Fraud and Abuse Detection/Recovery Expenses included in Column 7 (informational only)	0	0	0	0	0	0	1,795,978	0	0	1,795,978

SUPPLEMENT FOR THE YEAR 2018 OF THE UnitedHealthcare Insurance Company

SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 3 (Continued)

	All Expenses	Improving Health Care Quality Expenses						Claims Adjustment Expenses		9	10
		1 Improve Health Outcomes	2 Activities to Prevent Hospital Readmissions	3 Improve Patient Safety and Reduce Medical Errors	4 Wellness & Health Promotion Activities	5 HIT Expenses	6 Total (1 to 5)	7 Cost Containment Expenses	8 Other Claims Adjustment Expenses	General Administrative Expenses	Total Expenses (6 to 9)
4.	Individual Mini-Med Plans Expenses:										
	4.1 Salaries (including $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	4.2 Outsourced Services	0	0	0	0	0	0	0	0	0	0
	4.3 EDP Equipment and Software (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	4.4 Other Equipment (excl. EDP) (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	4.5 Accreditation and Certification (incl $ 0 for affiliated services)	0	XXX	XXX	XXX	XXX	0	0	0	0	0
	4.6 Other Expenses (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	4.7 Subtotal before Reimbursements and Taxes (Lines 4.1 to 4.6)	0	0	0	0	0	0	0	0	0	0
	4.8 Reimbursements by uninsured plans and fiscal intermediaries	0	0	0	0	0	0	0	0	0	0
	4.9 Taxes, Licenses and Fees (in total, for tying purposes)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0
	4.10 Total (4.7 to 4.9)	0	0	0	0	0	0	0	0	0	0
	4.11 Total Fraud and Abuse Detection/Recovery Expenses included in Column 7 (informational only)	0	0	0	0	0	0	0	0	0	0
5.	Small Group Mini-Med Plans Expenses:										
	5.1 Salaries (including $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	5.2 Outsourced Services	0	0	0	0	0	0	0	0	0	0
	5.3 EDP Equipment and Software (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	5.4 Other Equipment (excl. EDP) (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	5.5 Accreditation and Certification (incl $ 0 for affiliated services)	0	XXX	XXX	XXX	XXX	0	0	0	0	0
	5.6 Other Expenses (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	5.7 Subtotal before Reimbursements and Taxes (Lines 5.1 to 5.6)	0	0	0	0	0	0	0	0	0	0
	5.8 Reimbursements by uninsured plans and fiscal intermediaries	0	0	0	0	0	0	0	0	0	0
	5.9 Taxes, Licenses and Fees (in total, for tying purposes)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0
	5.10 Total (5.7 to 5.9)	0	0	0	0	0	0	0	0	0	0
	5.11 Total Fraud and Abuse Detection/Recovery Expenses included in Column 7 (informational only)	0	0	0	0	0	0	0	0	0	0
6.	Large Group Mini-Med Plans Expenses:										
	6.1 Salaries (including $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	6.2 Outsourced Services	0	0	0	0	0	0	0	0	0	0
	6.3 EDP Equipment and Software (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	6.4 Other Equipment (excl. EDP) (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	6.5 Accreditation and Certification (incl $ 0 for affiliated services)	0	XXX	XXX	XXX	XXX	0	0	0	0	0
	6.6 Other Expenses (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	6.7 Subtotal before Reimbursements and Taxes (Lines 6.1 to 6.6)	0	0	0	0	0	0	0	0	0	0
	6.8 Reimbursements by uninsured plans and fiscal intermediaries	0	0	0	0	0	0	0	0	0	0
	6.9 Taxes, Licenses and Fees (in total, for tying purposes)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0
	6.10 Total (6.7 to 6.9)	0	0	0	0	0	0	0	0	0	0
	6.11 Total Fraud and Abuse Detection/Recovery Expenses included in Column 7 (informational only)	0	0	0	0	0	0	0	0	0	0

SUPPLEMENT FOR THE YEAR 2018 OF THE UnitedHealthcare Insurance Company

SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 3 (Continued)

	All Expenses	Improving Health Care Quality Expenses						Claims Adjustment Expenses		9	10
		1 Improve Health Outcomes	2 Activities to Prevent Hospital Readmissions	3 Improve Patient Safety and Reduce Medical Errors	4 Wellness & Health Promotion Activities	5 HIT Expenses	6 Total (1 to 5)	7 Cost Containment Expenses	8 Other Claims Adjustment Expenses	General Administrative Expenses	Total Expenses (6 to 9)
7.	Small Group Expatriate Plans Expenses:										
	7.1 Salaries (including $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	7.2 Outsourced Services	0	0	0	0	0	0	0	0	0	0
	7.3 EDP Equipment and Software (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	7.4 Other Equipment (excl. EDP) (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	7.5 Accreditation and Certification (incl $ 0 for affiliated services)	0	XXX	XXX	XXX	XXX	0	0	0	0	0
	7.6 Other Expenses (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	7.7 Subtotal before Reimbursements and Taxes (Lines 7.1 to 7.6)	0	0	0	0	0	0	0	0	0	0
	7.8 Reimbursements by uninsured plans and fiscal intermediaries	0	0	0	0	0	0	0	0	0	0
	7.9 Taxes, Licenses and Fees (in total, for tying purposes)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0
	7.10 Total (7.7 to 7.9)	0	0	0	0	0	0	0	0	0	0
	7.11 Total Fraud and Abuse Detection/Recovery Expenses included in Column 7 (informational only)	0	0	0	0	0	0	0	0	0	0
8.	Large Group Expatriate Plans Expenses:										
	8.1 Salaries (including $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	8.2 Outsourced Services	0	0	0	0	0	0	0	0	0	0
	8.3 EDP Equipment and Software (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	8.4 Other Equipment (excl. EDP) (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	8.5 Accreditation and Certification (incl $ 0 for affiliated services)	0	XXX	XXX	XXX	XXX	0	0	0	0	0
	8.6 Other Expenses (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	8.7 Subtotal before Reimbursements and Taxes (Lines 8.1 to 8.6)	0	0	0	0	0	0	0	0	0	0
	8.8 Reimbursements by uninsured plans and fiscal intermediaries	0	0	0	0	0	0	0	0	0	0
	8.9 Taxes, Licenses and Fees (in total, for tying purposes)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0
	8.10 Total (8.7 to 8.9)	0	0	0	0	0	0	0	0	0	0
	8.11 Total Fraud and Abuse Detection/Recovery Expenses included in Column 7 (informational only)	0	0	0	0	0	0	0	0	0	0
9.	Student Health Plans Expenses:										
	9.1 Salaries (including $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	9.2 Outsourced Services	0	0	0	0	0	0	0	0	0	0
	9.3 EDP Equipment and Software (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	9.4 Other Equipment (excl. EDP) (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	9.5 Accreditation and Certification (incl $ 0 for affiliated services)	0	XXX	XXX	XXX	XXX	0	0	0	0	0
	9.6 Other Expenses (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	9.7 Subtotal before Reimbursements and Taxes (Lines 9.1 to 9.6)	0	0	0	0	0	0	0	0	0	0
	9.8 Reimbursements by uninsured plans and fiscal intermediaries	0	0	0	0	0	0	0	0	0	0
	9.9 Taxes, Licenses and Fees (in total, for tying purposes)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0
	9.10 Total (9.7 to 9.9)	0	0	0	0	0	0	0	0	0	0
	9.11 Total Fraud and Abuse Detection/Recovery Expenses included in Column 7 (informational only)	0	0	0	0	0	0	0	0	0	0

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SUPPLEMENT FOR THE YEAR 2018 OF THE UnitedHealthcare Insurance Company

SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 1

(To Be Filed by April 1 - Not for Rebate Purposes - See Cautionary Statement at http://www.naic.org/documents/committees_e_app_blanks_related_shce_cautionary_statement.pdf)

REPORT FOR: 1. CORPORATION UnitedHealthcare Insurance Company 2. 185 Asylum Street Hartford, CT 061033408 (LOCATION)

NAIC Group Code 0707 BUSINESS IN THE STATE OF Hawaii DURING THE YEAR 2018 NAIC Company Code 79413

	Business Subject to MLR								9	10	11	12	13	14	15
	Comprehensive Health Coverage			Mini-Med Plans			Expatriate Plans								
	1 Individual	2 Small Group Employer	3 Large Group Employer	4 Individual	5 Small Group Employer	6 Large Group Employer	7 Small Group	8 Large Group	Student Health Plans	Government Business (excluded by statute)	Other Health Business	Medicare Advantage Part C and Medicare Part D Stand-Alone Subject to ACA	Subtotal (Cols. 1 through 12)	Uninsured Plans	Total 13 + 14
1. Premium:															
1.1 Health premiums earned (From Part 2, Line 1.11)	0	615,045	4,471,885	0	0	0	0	0	0	463,120,373	17,595,389	364,228,012	850,030,704	XXX	850,030,704
1.2 Federal high risk pools	0	0	0	0	0	0	0	0	0	0	0	0	0	XXX	0
1.3 State high risk pools	0	(170)	(718)	0	0	0	0	0	0	0	10,139	0	9,251	XXX	9,251
1.4 Premiums earned including state and federal high risk programs (Lines 1.1 + 1.2 + 1.3)	0	614,875	4,471,167	0	0	0	0	0	0	463,120,373	17,605,528	364,228,012	850,039,955	XXX	850,039,955
1.5 Federal taxes and federal assessments	6	78,435	338,779	0	0	0	0	0	0	8,119,530	(38,516)	12,226,283	20,724,516	8,919	20,733,436
1.6 State insurance, premium and other taxes (Similar local taxes of $ 109,696)	2	24,526	80,825	0	0	0	0	0	0	21,986,402	247,094	36,315	22,375,165	72	22,375,238
1.6a Community Benefit Expenditures (informational only)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
1.7 Regulatory authority licenses and fees	0	98	717	0	0	0	0	0	0	0	(4,186)	0	(3,371)	0	(3,371)
1.8 Adjusted Premiums Earned (Lines 1.4 - 1.5 - 1.6 - 1.7)	(8)	511,816	4,050,846	0	0	0	0	0	0	433,014,441	17,401,136	351,965,414	806,943,644	XXX	806,934,653
1.9 Net Assumed less Ceded reinsurance premiums earned	0	0	(472,458)	0	0	0	0	0	0	0	(3,272)	0	(475,731)	XXX	(475,731)
1.10 Other Adjustments due to MLR calculations - Premiums	0	0	0	0	0	0	0	0	0	2,063,283	0	111,639	2,174,922	XXX	2,174,922
1.11 Risk Revenue	0	0	0	0	0	0	0	0	0	0	0	0	0	XXX	0
1.12 Net adjusted premiums earned after reinsurance (Lines 1.8 + 1.9 + 1.10 + 1.11)	(8)	511,816	3,578,388	0	0	0	0	0	0	435,077,724	17,397,863	352,077,053	808,642,836	XXX	808,633,844
2. Claims:															
2.1 Incurred claims excluding prescription drugs	0	68,994	2,360,171	0	0	0	0	0	0	352,796,659	13,805,069	286,746,551	655,777,443	XXX	655,777,443
2.2 Prescription drugs	0	154,080	407,044	0	0	0	0	0	0	29,202,059	187,782	47,727,120	77,678,086	XXX	77,678,086
2.3 Pharmaceutical rebates	0	59,791	83,799	0	0	0	0	0	0	1,610,297	8,165	32,120,309	33,882,362	XXX	33,882,362
2.4 State stop loss, market stabilization and claim/census based assessments (informational only)	0	0	253	0	0	0	0	0	0	(15)	0	0	238	XXX	238
3. Incurred medical incentive pools and bonuses	0	0	16,089	0	0	0	0	0	0	294,521	0	524,750	835,360	XXX	835,360
4. Deductible Fraud and Abuse Detection/Recovery Expenses (for MLR use only)	0	1	49	0	0	0	0	0	0	14,337	0	1,420	15,806	0	15,806
5. 5.0 Total Incurred Claims (Lines 2.1 + 2.2 - 2.3 + 3) (From Part 2, Line 2.15)	0	163,282	2,699,504	0	0	0	0	0	0	380,682,943	13,984,686	302,878,112	700,408,527	XXX	700,408,527
5.1 Net Assumed less Ceded reinsurance claims incurred	0	0	(211,317)	0	0	0	0	0	0	0	954	0	(210,364)	XXX	(210,364)
5.2 Other Adjustments due to MLR calculations - Claims	0	0	(345,170)	0	0	0	0	0	0	0	0	(1,157,170)	(1,502,339)	XXX	(1,502,339)
5.3 Rebates paid	0	0	314,241	0	0	0	0	0	0	XXX	XXX	0	314,241	XXX	314,241
5.4 Estimated rebates unpaid prior year	0	0	273,421	0	0	0	0	0	0	XXX	XXX	(403,059)	(129,638)	XXX	(129,638)
5.5 Estimated rebates unpaid current year	0	0	304,350	0	0	0	0	0	0	XXX	XXX	754,111	1,058,461	XXX	1,058,461
5.6 Fee for service and co-pay revenue	0	0	0	0	0	0	0	0	0	0	0	0	0	XXX	0
5.7 Net incurred claims after reinsurance (Lines 5.0 + 5.1 + 5.2 + 5.3 - 5.4 + 5.5 - 5.6)	0	163,282	2,488,187	0	0	0	0	0	0	380,682,943	13,985,640	302,878,112	700,198,163	XXX	700,198,163
6. Improving Health Care Quality Expenses Incurred:															
6.1 Improve health outcomes	0	4,920	35,775	0	0	0	0	0	0	6,725,833	63,447	1,290,741	8,120,716	1,065	8,121,781
6.2 Activities to prevent hospital readmissions	0	0	0	0	0	0	0	0	0	3,988,833	39,015	372,377	4,400,226	346	4,400,572
6.3 Improve patient safety and reduce medical errors	0	0	0	0	0	0	0	0	0	3,349,177	29,012	388,529	3,766,718	772	3,767,490
6.4 Wellness and health promotion activities	0	0	0	0	0	0	0	0	0	2,464,531	155,983	1,683,739	4,304,252	368	4,304,620
6.5 Health Information Technology expenses related to health improvement	0	0	0	0	0	0	0	0	0	511,551	13,375	989,798	1,514,723	1,110	1,515,833
6.6 Total of Defined Expenses Incurred for Improving Health Care Quality (Lines 6.1+6.2+6.3+6.4+6.5)	0	4,920	35,775	0	0	0	0	0	0	17,039,926	300,831	4,725,184	22,106,636	3,661	22,110,297
7. Preliminary Medical Loss Ratio: MLR ((Lines 4 + 5.0 + 6.6 - Footnote 2.0)/Line 1.8	0.000	0.329	0.675	0.000	0.000	0.000	0.000	0.000	0.000	XXX	XXX	0.874	XXX	XXX	XXX
8. Claims Adjustment Expenses:															
8.1 Cost containment expenses not included in quality of care expenses in Line 6.6	0	5,799	33,036	0	0	0	0	0	0	2,688,182	3,758	3,062,459	5,793,234	9,019	5,802,253
8.2 All other claims adjustment expenses	0	7,416	418,033	0	0	0	0	0	0	7,315,327	346,835	5,153,226	13,240,838	6,182	13,247,020
8.3 Total claims adjustment expenses (Lines 8.1 + 8.2)	0	13,214	451,069	0	0	0	0	0	0	10,003,510	350,593	8,215,685	19,034,071	15,201	19,049,272
9. Claims Adjustment Expense Ratio (Line 8.3/Line 1.8)	0.000	0.026	0.111	0.000	0.000	0.000	0.000	0.000	0.000	0.023	0.020	0.023	XXX	XXX	XXX

SUPPLEMENT FOR THE YEAR 2018 OF THE UnitedHealthcare Insurance Company

SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 1 (Continued)

	Business Subject to MLR									10	11	12	13	14	15
	Comprehensive Health Coverage			Mini-Med Plans			Expatriate Plans		9						
	1 Individual	2 Small Group Employer	3 Large Group Employer	4 Individual	5 Small Group Employer	6 Large Group Employer	7 Small Group	8 Large Group	Student Health Plans	Government Business (excluded by statute)	Other Health Business	Medicare Advantage Part C and Medicare Part D Stand-Alone Subject to ACA	Subtotal (Cols. 1 through 12)	Uninsured Plans	Total 13 + 14
10. General and Administrative (G&A) Expenses:															
10.1 Direct sales salaries and benefits	0	2,089	9,610	0	0	0	0	0	0	34,273	30,762	899,811	976,546	4,742	981,288
10.2 Agents and brokers fees and commissions	0	23,630	57,823	0	0	0	0	0	0	0	697,447	7,590,596	8,369,496	0	8,369,496
10.3 Other taxes (excluding taxes on Lines 1.5 through 1.7 and Line 14 below)	(32)	(753)	(9,129)	0	0	0	0	0	0	643,494	45,528	444,708	1,123,815	694	1,124,509
10.4 Other general and administrative expenses	0	22,742	84,671	0	0	0	0	0	0	22,154,316	2,163,964	12,626,989	37,052,683	18,221	37,070,904
10.4a Community Benefit Expenditures (informational only)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
10.5 Total general and administrative (Lines 10.1 +10.2 + 10.3 + 10.4)	(32)	47,708	142,975	0	0	0	0	0	0	22,832,083	2,937,702	21,562,104	47,522,540	23,657	47,546,198
11. Underwriting Gain/(Loss) (Lines 1.12 - 5.7 - 6.6 - 8.3 - 10.5)	24	282,691	460,382	0	0	0	0	0	0	4,519,262	(176,903)	14,695,968	19,781,425	XXX	19,729,914
12. Income from fees of uninsured plans	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	87,357	87,357
13. Net investment and other gain/(loss)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	13,115,009	XXX	13,115,009
14. Federal income taxes (excluding taxes on Line 1.5 above)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	452,515	XXX	452,515
15. Net gain or (loss) (Lines 11 + 12 + 13 - 14)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	32,443,919	XXX	32,479,765
16. ICD-10 Implementation Expenses (informational only; already included in general expenses and line 10.4)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
16. 16a ICD-10 Implementation Expenses (informational only; already included in line 10.4)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
OTHER INDICATORS:															
1. Number of certificates/policies	0	71	380	0	0	0	0	0	0	48,439	12,116	35,077	96,083	1	96,084
2. Number of Covered Lives	0	104	672	0	0	0	0	0	0	48,439	12,292	35,077	96,584	2	96,586
3. Number of Groups	XXX	25	78	XXX	0	0	0	0	0	1	23	7	134	0	134
4. Member Months	0	1,152	8,358	0	0	0	0	0	0	572,620	148,391	414,970	1,145,491	0	1,145,491

Is run off business reported in Columns 1 through 9 or 12? Yes [ ] No [ ] If yes, show the amount of premiums and claims included. Premiums $ 0 Claims $ 0

216-2.HI

AFFORDABLE CARE ACT (ACA) RECEIPTS, PAYMENTS, RECEIVABLES and PAYABLES

	Current Year Comprehensive Health Coverage		Prior Year Comprehensive Health Coverage	
	1 Individual Plans	2 Small Group Employer Plans	3 Individual Plans	4 Small Group Employer Plans
ACA Receivables and Payables				
1. Permanent ACA Risk Adjustment Program				
1.0 Premium adjustments receivable/(payable)	0	(47,883)	0	1,614
2. Transitional ACA Reinsurance Program				
2.0 Total amounts recoverable for claims (paid & unpaid)	0	XXX	0	XXX
3. Temporary ACA Risk Corridors Program				
3.1 Accrued retrospective premium	0	0	0	0
3.2 Reserve for rate credits or policy experience refunds	0	0	0	0
ACA Receipts and Payments				
4. Permanent ACA Risk Adjustment Program				
4.0 Premium adjustments receipts/(payments)	0	2,487	0	10,639
5. Transitional ACA Reinsurance Program				
5.0 Amounts received for claims	0	XXX	0	XXX
6. Temporary ACA Risk Corridors Program				
6.1 Retrospective premium received	0	0	0	0
6.2 Rate credits or policy experience refunds paid	0	0	0	0

SUPPLEMENT FOR THE YEAR 2018 OF THE UnitedHealthcare Insurance Company

SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 2

(To Be Filed by April 1 - Not for Rebate Purposes)

REPORT FOR: 1. CORPORATION UnitedHealthcare Insurance Company 2. 185 Asylum Street Hartford, CT 061033408 (LOCATION)

NAIC Group Code 0707 BUSINESS IN THE STATE OF Hawaii DURING THE YEAR 2018 NAIC Company Code 79413

	Business Subject to MLR								9	10	11	12	13
	Comprehensive Health Coverage			Mini-Med Plans			Expatriate Plans:						
	1 Individual	2 Small Group Employer	3 Large Group Employer	4 Individual	5 Small Group Employer	6 Large Group Employer	7 Small Group	8 Large Group	Student Health Plans	Government Business (excluded by statute)	Other Health Business	Medicare Advantage Part C and Medicare Part D Stand-Alone Subject to ACA	Total (a)
1. Health Premiums Earned:													
1.1 Direct premiums written	0	615,045	4,471,885	0	0	0	0	0	0	465,183,656	17,595,389	364,339,651	852,205,627
1.2 Unearned premium prior year	0	0	0	0	0	0	0	0	0	0	0	0	0
1.3 Unearned premium current year	0	0	0	0	0	0	0	0	0	0	0	0	0
1.4 Change in unearned premium (Lines 1.2 - 1.3)	0	0	0	0	0	0	0	0	0	0	0	0	0
1.5 Paid rate credits	0	0	314,241	0	0	0	0	0	0	(1,057,949)	(262,881)	904,486	(102,104)
1.6 Reserve for rate credits current year	0	0	304,350	0	0	0	0	0	0	9,857,741	55,828	317,460	10,535,378
1.7 Reserve for rate credits prior year	0	0	273,421	0	0	0	0	0	0	12,304,674	55,793	34,165	12,668,053
1.8 Change in reserve for rate credits (Lines 1.6 - 1.7)	0	0	30,929	0	0	0	0	0	0	(2,446,934)	35	283,295	(2,132,675)
1.9 Premium balances written off	0	0	0	0	0	0	0	0	0	2,063,283	0	111,639	2,174,922
1.10 Group conversion charge	0	0	0	0	0	0	0	0	0	0	0	0	0
1.11 Total direct premiums earned (Lines 1.1 + 1.4 - 1.9 + 1.10)	0	615,045	4,471,885	0	0	0	0	0	0	463,120,373	17,595,389	364,228,012	850,030,704
1.12 Assumed premiums earned from non-affiliates	0	0	0	0	0	0	0	0	0	0	0	0	0
1.13 Net Assumed less Ceded premiums earned from affiliates	0	0	0	0	0	0	0	0	0	0	0	0	0
1.14 Ceded premiums earned to non-affiliates	0	0	472,458	0	0	0	0	0	0	0	3,272	0	475,731
1.15 Other Adjustments due to MLR calculation - Premiums	0	0	0	0	0	0	0	0	0	2,063,283	0	111,639	2,174,922
1.16 Net premiums earned (Lines 1.11 - 1.5 - 1.8 + 1.12 + 1.13 - 1.14 + 1.15)	0	615,045	3,654,257	0	0	0	0	0	0	468,688,538	17,854,963	363,151,871	853,964,674
2. Direct Claims Incurred:													
2.1 Paid claims during the year	0	252,963	2,247,520	0	0	0	0	0	0	389,189,638	13,497,787	297,462,470	702,650,379
2.2 Direct claim liability current year	0	17,480	281,668	0	0	0	0	0	0	45,701,082	2,254,787	34,242,714	82,497,732
2.3 Direct claim liability prior year	0	91,556	187,271	0	0	0	0	0	0	51,003,317	2,062,956	30,582,530	83,927,629
2.4 Direct claim reserves current year	0	273	4,662	0	0	0	0	0	0	328,956	964,246	580,828	1,878,966
2.5 Direct claim reserves prior year	0	5,055	4,392	0	0	0	0	0	0	301,406	398,794	608,175	1,317,821
2.6 Direct contract reserves current year	0	0	0	0	0	0	0	0	0	0	81,160	0	81,160
2.7 Direct contract reserves prior year	0	0	0	0	0	0	0	0	0	0	86,487	0	86,487
2.8 Paid rate credits	0	0	314,241	0	0	0	0	0	0	(1,057,949)	(262,881)	904,486	(102,104)
2.9 Reserve for rate credits current year	0	0	304,350	0	0	0	0	0	0	9,857,741	55,828	317,460	10,535,378
2.10 Reserve for rate credits prior year	0	0	273,421	0	0	0	0	0	0	12,304,674	55,793	34,165	12,668,053
2.11 Incurred medical incentive pools and bonuses (Lines 2.11a + 2.11b - 2.11c)	0	0	16,089	0	0	0	0	0	0	294,521	0	524,750	835,360
2.11a Paid medical incentive pools and bonuses current year	0	0	14,268	0	0	0	0	0	0	270,740	0	441,387	726,394
2.11b Accrued medical incentive pools and bonuses current year	0	0	1,824	0	0	0	0	0	0	316,572	0	242,919	561,315
2.11c Accrued medical incentive pools and bonuses prior year	0	0	4	0	0	0	0	0	0	292,791	0	159,555	452,349
2.12 Net healthcare receivables (Lines 2.12a - 2.12b)	0	10,824	3,943	0	0	0	0	0	0	21,650	2,211	(70,274)	(31,647)
2.12a Healthcare receivables current year	0	14,319	75,628	0	0	0	0	0	0	1,255,556	2,211	14,569,317	15,917,031
2.12b Healthcare receivables prior year	0	3,495	71,685	0	0	0	0	0	0	1,233,907	0	14,639,591	15,948,678
2.13 Group conversion charge	0	0	0	0	0	0	0	0	0	0	0	0	0
2.14 Multi-option coverage blended rate adjustment	0	0	0	0	0	0	0	0	0	0	0	0	0
2.15 Total incurred claims (Lines 2.1 + 2.2 - 2.3 + 2.4 - 2.5 + 2.6 - 2.7 + 2.8 + 2.9 - 2.10 + 2.11 - 2.12 + 2.13 + 2.14)	0	163,282	2,699,504	0	0	0	0	0	0	380,682,943	13,984,686	302,878,112	700,408,527
2.16 Assumed incurred claims from non-affiliates	0	0	0	0	0	0	0	0	0	0	0	0	0
2.17 Net assumed less ceded incurred claims from affiliates	0	0	0	0	0	0	0	0	0	0	0	0	0
2.18 Ceded incurred claims to non-affiliates	0	0	211,317	0	0	0	0	0	0	0	(954)	0	210,364
2.19 Other adjustments due to MLR calculation - Claims	0	0	0	0	0	0	0	0	0	0	0	0	0
2.20 Net Incurred Claims (Lines 2.15 - 2.8 - 2.9 + 2.10 + 2.16 + 2.17 - 2.18 + 2.19)	0	163,282	2,143,017	0	0	0	0	0	0	384,187,825	14,248,486	301,690,331	702,432,942
3. Fraud and Abuse Recoveries that Reduced PAID Claims in Line 2.1 above (informational only)	0	1	49	0	0	0	0	0	0	14,337	0	1,420	15,806

(a) Column 13, Line 1.1 includes direct written premium of $ 26,544 for stand-alone dental and $ 6,619 for stand-alone vision policies.

SUPPLEMENT FOR THE YEAR 2018 OF THE UnitedHealthcare Insurance Company

SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 3

(To Be Filed by April 1 - Not for Rebate Purposes)

REPORT FOR: 1. CORPORATION UnitedHealthcare Insurance Company 2. 185 Asylum Street Hartford, CT 061033408 (LOCATION)

NAIC Group Code 0707 BUSINESS IN THE STATE OF Hawaii DURING THE YEAR 2018 NAIC Company Code 79413

	All Expenses	Improving Health Care Quality Expenses						Claims Adjustment Expenses		9	10
		1 Improve Health Outcomes	2 Activities to Prevent Hospital Readmissions	3 Improve Patient Safety and Reduce Medical Errors	4 Wellness & Health Promotion Activities	5 HIT Expenses	6 Total (1 to 5)	7 Cost Containment Expenses	8 Other Claims Adjustment Expenses	General Administrative Expenses	Total Expenses (6 to 9)
1.	Individual Comprehensive Coverage Expenses:										
	1.1 Salaries (including $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	1.2 Outsourced Services	0	0	0	0	0	0	0	0	0	0
	1.3 EDP Equipment and Software (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	1.4 Other Equipment (excl. EDP) (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	1.5 Accreditation and Certification (incl $ 0 for affiliated services)	0	XXX	XXX	XXX	XXX	0	0	0	0	0
	1.6 Other Expenses (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	1.7 Subtotal before Reimbursements and Taxes (Lines 1.1 to 1.6)	0	0	0	0	0	0	0	0	0	0
	1.8 Reimbursements by uninsured plans and fiscal intermediaries	0	0	0	0	0	0	0	0	0	0
	1.9 Taxes, Licenses and Fees (in total, for tying purposes)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	(30)	(30)
	1.10 Total (1.7 to 1.9)	0	0	0	0	0	0	0	0	(30)	(30)
	1.11 Total Fraud and Abuse Detection/Recovery Expenses included in Column 7 (informational only)	0	0	0	0	0	0	0	0	0	0
2.	Small Group Comprehensive Coverage Expenses:										
	2.1 Salaries (including $ 12,172 for affiliated services)	0	0	0	0	0	0	1,585	2,095	8,491	12,172
	2.2 Outsourced Services	0	0	0	0	0	0	330	240	760	1,330
	2.3 EDP Equipment and Software (incl $ 848 for affiliated services)	0	0	0	0	0	0	132	175	541	848
	2.4 Other Equipment (excl. EDP) (incl $ 81 for affiliated services)	0	0	0	0	0	0	13	17	52	81
	2.5 Accreditation and Certification (incl $ 9 for affiliated services)	0	XXX	XXX	XXX	XXX	0	1	2	6	9
	2.6 Other Expenses (incl $ 27,603 for affiliated services)	4,920	0	0	0	0	4,920	3,546	4,686	38,466	51,619
	2.7 Subtotal before Reimbursements and Taxes (Lines 2.1 to 2.6)	4,920	0	0	0	0	4,920	5,608	7,216	48,315	66,059
	2.8 Reimbursements by uninsured plans and fiscal intermediaries	0	0	0	0	0	0	0	0	0	0
	2.9 Taxes, Licenses and Fees (in total, for tying purposes)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	24,408	24,408
	2.10 Total (2.7 to 2.9)	4,920	0	0	0	0	4,920	5,608	7,216	72,723	90,467
	2.11 Total Fraud and Abuse Detection/Recovery Expenses included in Column 7 (informational only)	0	0	0	0	0	0	1,654	0	0	1,654
3.	Large Group Comprehensive Coverage Expenses:										
	3.1 Salaries (including $ 172,857 for affiliated services)	0	0	0	0	0	0	7,999	121,078	43,780	172,857
	3.2 Outsourced Services	0	0	0	0	0	0	5,006	13,876	7,338	26,219
	3.3 EDP Equipment and Software (incl $ 13,661 for affiliated services)	0	0	0	0	0	0	668	10,111	2,882	13,661
	3.4 Other Equipment (excl. EDP) (incl $ 1,311 for affiliated services)	0	0	0	0	0	0	64	971	277	1,311
	3.5 Accreditation and Certification (incl $ 142 for affiliated services)	0	XXX	XXX	XXX	XXX	0	7	105	30	142
	3.6 Other Expenses (incl $ 390,926 for affiliated services)	35,775	0	0	0	0	35,775	17,891	270,799	95,122	419,588
	3.7 Subtotal before Reimbursements and Taxes (Lines 3.1 to 3.6)	35,775	0	0	0	0	35,775	31,635	416,940	149,429	633,779
	3.8 Reimbursements by uninsured plans and fiscal intermediaries	0	0	0	0	0	0	450	328	1,952	2,730
	3.9 Taxes, Licenses and Fees (in total, for tying purposes)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	74,852	74,852
	3.10 Total (3.7 to 3.9)	35,775	0	0	0	0	35,775	32,085	417,268	226,233	711,361
	3.11 Total Fraud and Abuse Detection/Recovery Expenses included in Column 7 (informational only)	0	0	0	0	0	0	8,908	0	0	8,908

SUPPLEMENT FOR THE YEAR 2018 OF THE UnitedHealthcare Insurance Company

SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 3 (Continued)

	All Expenses	Improving Health Care Quality Expenses						Claims Adjustment Expenses		9	10
		1 Improve Health Outcomes	2 Activities to Prevent Hospital Readmissions	3 Improve Patient Safety and Reduce Medical Errors	4 Wellness & Health Promotion Activities	5 HIT Expenses	6 Total (1 to 5)	7 Cost Containment Expenses	8 Other Claims Adjustment Expenses	General Administrative Expenses	Total Expenses (6 to 9)
4.	Individual Mini-Med Plans Expenses:										
	4.1 Salaries (including $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	4.2 Outsourced Services	0	0	0	0	0	0	0	0	0	0
	4.3 EDP Equipment and Software (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	4.4 Other Equipment (excl. EDP) (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	4.5 Accreditation and Certification (incl $ 0 for affiliated services)	0	XXX	XXX	XXX	XXX	0	0	0	0	0
	4.6 Other Expenses (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	4.7 Subtotal before Reimbursements and Taxes (Lines 4.1 to 4.6)	0	0	0	0	0	0	0	0	0	0
	4.8 Reimbursements by uninsured plans and fiscal intermediaries	0	0	0	0	0	0	0	0	0	0
	4.9 Taxes, Licenses and Fees (in total, for tying purposes)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0
	4.10 Total (4.7 to 4.9)	0	0	0	0	0	0	0	0	0	0
	4.11 Total Fraud and Abuse Detection/Recovery Expenses included in Column 7 (informational only)	0	0	0	0	0	0	0	0	0	0
5.	Small Group Mini-Med Plans Expenses:										
	5.1 Salaries (including $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	5.2 Outsourced Services	0	0	0	0	0	0	0	0	0	0
	5.3 EDP Equipment and Software (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	5.4 Other Equipment (excl. EDP) (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	5.5 Accreditation and Certification (incl $ 0 for affiliated services)	0	XXX	XXX	XXX	XXX	0	0	0	0	0
	5.6 Other Expenses (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	5.7 Subtotal before Reimbursements and Taxes (Lines 5.1 to 5.6)	0	0	0	0	0	0	0	0	0	0
	5.8 Reimbursements by uninsured plans and fiscal intermediaries	0	0	0	0	0	0	0	0	0	0
	5.9 Taxes, Licenses and Fees (in total, for tying purposes)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0
	5.10 Total (5.7 to 5.9)	0	0	0	0	0	0	0	0	0	0
	5.11 Total Fraud and Abuse Detection/Recovery Expenses included in Column 7 (informational only)	0	0	0	0	0	0	0	0	0	0
6.	Large Group Mini-Med Plans Expenses:										
	6.1 Salaries (including $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	6.2 Outsourced Services	0	0	0	0	0	0	0	0	0	0
	6.3 EDP Equipment and Software (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	6.4 Other Equipment (excl. EDP) (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	6.5 Accreditation and Certification (incl $ 0 for affiliated services)	0	XXX	XXX	XXX	XXX	0	0	0	0	0
	6.6 Other Expenses (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	6.7 Subtotal before Reimbursements and Taxes (Lines 6.1 to 6.6)	0	0	0	0	0	0	0	0	0	0
	6.8 Reimbursements by uninsured plans and fiscal intermediaries	0	0	0	0	0	0	0	0	0	0
	6.9 Taxes, Licenses and Fees (in total, for tying purposes)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0
	6.10 Total (6.7 to 6.9)	0	0	0	0	0	0	0	0	0	0
	6.11 Total Fraud and Abuse Detection/Recovery Expenses included in Column 7 (informational only)	0	0	0	0	0	0	0	0	0	0

SUPPLEMENT FOR THE YEAR 2018 OF THE UnitedHealthcare Insurance Company

SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 3 (Continued)

	All Expenses	Improving Health Care Quality Expenses						Claims Adjustment Expenses		9	10
		1 Improve Health Outcomes	2 Activities to Prevent Hospital Readmissions	3 Improve Patient Safety and Reduce Medical Errors	4 Wellness & Health Promotion Activities	5 HIT Expenses	6 Total (1 to 5)	7 Cost Containment Expenses	8 Other Claims Adjustment Expenses	General Administrative Expenses	Total Expenses (6 to 9)
7.	Small Group Expatriate Plans Expenses:										
	7.1 Salaries (including $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	7.2 Outsourced Services	0	0	0	0	0	0	0	0	0	0
	7.3 EDP Equipment and Software (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	7.4 Other Equipment (excl. EDP) (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	7.5 Accreditation and Certification (incl $ 0 for affiliated services)	0	XXX	XXX	XXX	XXX	0	0	0	0	0
	7.6 Other Expenses (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	7.7 Subtotal before Reimbursements and Taxes (Lines 7.1 to 7.6)	0	0	0	0	0	0	0	0	0	0
	7.8 Reimbursements by uninsured plans and fiscal intermediaries	0	0	0	0	0	0	0	0	0	0
	7.9 Taxes, Licenses and Fees (in total, for tying purposes)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0
	7.10 Total (7.7 to 7.9)	0	0	0	0	0	0	0	0	0	0
	7.11 Total Fraud and Abuse Detection/Recovery Expenses included in Column 7 (informational only)	0	0	0	0	0	0	0	0	0	0
8.	Large Group Expatriate Plans Expenses:										
	8.1 Salaries (including $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	8.2 Outsourced Services	0	0	0	0	0	0	0	0	0	0
	8.3 EDP Equipment and Software (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	8.4 Other Equipment (excl. EDP) (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	8.5 Accreditation and Certification (incl $ 0 for affiliated services)	0	XXX	XXX	XXX	XXX	0	0	0	0	0
	8.6 Other Expenses (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	8.7 Subtotal before Reimbursements and Taxes (Lines 8.1 to 8.6)	0	0	0	0	0	0	0	0	0	0
	8.8 Reimbursements by uninsured plans and fiscal intermediaries	0	0	0	0	0	0	0	0	0	0
	8.9 Taxes, Licenses and Fees (in total, for tying purposes)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0
	8.10 Total (8.7 to 8.9)	0	0	0	0	0	0	0	0	0	0
	8.11 Total Fraud and Abuse Detection/Recovery Expenses included in Column 7 (informational only)	0	0	0	0	0	0	0	0	0	0
9.	Student Health Plans Expenses:										
	9.1 Salaries (including $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	9.2 Outsourced Services	0	0	0	0	0	0	0	0	0	0
	9.3 EDP Equipment and Software (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	9.4 Other Equipment (excl. EDP) (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	9.5 Accreditation and Certification (incl $ 0 for affiliated services)	0	XXX	XXX	XXX	XXX	0	0	0	0	0
	9.6 Other Expenses (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	9.7 Subtotal before Reimbursements and Taxes (Lines 9.1 to 9.6)	0	0	0	0	0	0	0	0	0	0
	9.8 Reimbursements by uninsured plans and fiscal intermediaries	0	0	0	0	0	0	0	0	0	0
	9.9 Taxes, Licenses and Fees (in total, for tying purposes)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0
	9.10 Total (9.7 to 9.9)	0	0	0	0	0	0	0	0	0	0
	9.11 Total Fraud and Abuse Detection/Recovery Expenses included in Column 7 (informational only)	0	0	0	0	0	0	0	0	0	0

SUPPLEMENT FOR THE YEAR 2018 OF THE UnitedHealthcare Insurance Company

SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 1

(To Be Filed by April 1 - Not for Rebate Purposes - See Cautionary Statement at http://www.naic.org/documents/committees_e_app_blanks_related_shce_cautionary_statement.pdf)

REPORT FOR: 1. CORPORATION UnitedHealthcare Insurance Company 2. 185 Asylum Street Hartford, CT 061033408 (LOCATION)

NAIC Group Code 0707 BUSINESS IN THE STATE OF Idaho DURING THE YEAR 2018 NAIC Company Code 79413

	Business Subject to MLR								9	10	11	12	13	14	15
	Comprehensive Health Coverage			Mini-Med Plans			Expatriate Plans								
	1 Individual	2 Small Group Employer	3 Large Group Employer	4 Individual	5 Small Group Employer	6 Large Group Employer	7 Small Group	8 Large Group	Student Health Plans	Government Business (excluded by statute)	Other Health Business	Medicare Advantage Part C and Medicare Part D Stand-Alone Subject to ACA	Subtotal (Cols. 1 through 12)	Uninsured Plans	Total 13 + 14
1. Premium:															
1.1 Health premiums earned (From Part 2, Line 1.11)	6,442	1,395,111	2,941,932	0	0	0	0	0	0	0	41,781,596	243,959,770	290,084,851	XXX	290,084,851
1.2 Federal high risk pools	0	0	0	0	0	0	0	0	0	0	0	0	0	XXX	0
1.3 State high risk pools	0	0	(943)	0	0	0	0	0	0	0	24,265	0	23,321	XXX	23,321
1.4 Premiums earned including state and federal high risk programs (Lines 1.1 + 1.2 + 1.3)	6,442	1,395,111	2,940,989	0	0	0	0	0	0	0	41,805,860	243,959,770	290,108,172	XXX	290,108,172
1.5 Federal taxes and federal assessments	(1,035)	61,738	155,513	0	0	0	0	0	0	0	326,389	11,811,356	12,353,960	0	12,353,960
1.6 State insurance, premium and other taxes (Similar local taxes of $ 1,008,197)	34	25,744	93,319	0	0	0	0	0	0	0	662,050	941,864	1,723,011	0	1,723,011
1.6a Community Benefit Expenditures (informational only)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
1.7 Regulatory authority licenses and fees	0	3	0	0	0	0	0	0	0	0	(10,277)	0	(10,274)	0	(10,274)
1.8 Adjusted Premiums Earned (Lines 1.4 - 1.5 - 1.6 - 1.7)	7,443	1,307,626	2,692,157	0	0	0	0	0	0	0	40,827,699	231,206,550	276,041,475	XXX	276,041,475
1.9 Net Assumed less Ceded reinsurance premiums earned	0	0	(372,757)	0	0	0	0	0	0	0	0	43,099	(329,658)	XXX	(329,658)
1.10 Other Adjustments due to MLR calculations - Premiums	0	0	0	0	0	0	0	0	0	0	44	192,581	192,625	XXX	192,625
1.11 Risk Revenue	0	0	0	0	0	0	0	0	0	0	0	0	0	XXX	0
1.12 Net adjusted premiums earned after reinsurance (Lines 1.8 + 1.9 + 1.10 + 1.11)	7,443	1,307,626	2,319,400	0	0	0	0	0	0	0	40,827,743	231,442,230	275,904,442	XXX	275,904,442
2. Claims:															
2.1 Incurred claims excluding prescription drugs	12,238	870,259	1,775,689	0	0	0	0	0	0	0	32,537,774	154,789,364	189,985,323	XXX	189,985,323
2.2 Prescription drugs	0	155,242	358,413	0	0	0	0	0	0	0	41,535	45,891,265	46,446,455	XXX	46,446,455
2.3 Pharmaceutical rebates	0	38,300	85,265	0	0	0	0	0	0	0	13,368	24,923,551	25,060,484	XXX	25,060,484
2.4 State stop loss, market stabilization and claim/census based assessments (informational only)	0	1,156	4,916	0	0	0	0	0	0	0	0	0	6,072	XXX	6,072
3. Incurred medical incentive pools and bonuses	0	329	2,498	0	0	0	0	0	0	0	0	3,326,316	3,329,142	XXX	3,329,142
4. Deductible Fraud and Abuse Detection/Recovery Expenses (for MLR use only)	0	3	10,476	0	0	0	0	0	0	0	0	26,515	36,993	0	36,993
5. 5.0 Total Incurred Claims (Lines 2.1 + 2.2 - 2.3 + 3) (From Part 2, Line 2.15)	12,238	987,529	2,051,334	0	0	0	0	0	0	0	32,565,942	179,083,393	214,700,436	XXX	214,700,436
5.1 Net Assumed less Ceded reinsurance claims incurred	0	0	(305,997)	0	0	0	0	0	0	0	0	0	(305,997)	XXX	(305,997)
5.2 Other Adjustments due to MLR calculations - Claims	0	0	0	0	0	0	0	0	0	0	0	0	0	XXX	0
5.3 Rebates paid	0	0	0	0	0	0	0	0	0	XXX	XXX	0	0	XXX	0
5.4 Estimated rebates unpaid prior year	0	0	0	0	0	0	0	0	0	XXX	XXX	0	0	XXX	0
5.5 Estimated rebates unpaid current year	0	0	0	0	0	0	0	0	0	XXX	XXX	0	0	XXX	0
5.6 Fee for service and co-pay revenue	0	0	0	0	0	0	0	0	0	0	0	0	0	XXX	0
5.7 Net incurred claims after reinsurance (Lines 5.0 + 5.1 + 5.2 + 5.3 - 5.4 + 5.5 - 5.6)	12,238	987,529	1,745,337	0	0	0	0	0	0	0	32,565,942	179,083,393	214,394,438	XXX	214,394,438
6. Improving Health Care Quality Expenses Incurred:															
6.1 Improve health outcomes	52	11,161	23,535	0	0	0	0	0	0	0	89,666	1,562,132	1,686,546	0	1,686,546
6.2 Activities to prevent hospital readmissions	0	0	0	0	0	0	0	0	0	0	15,652	463,688	479,340	0	479,340
6.3 Improve patient safety and reduce medical errors	0	0	0	0	0	0	0	0	0	0	11,681	372,911	384,592	0	384,592
6.4 Wellness and health promotion activities	0	0	0	0	0	0	0	0	0	0	341,050	878,062	1,219,112	0	1,219,112
6.5 Health Information Technology expenses related to health improvement	0	0	0	0	0	0	0	0	0	0	17,060	775,950	793,010	0	793,010
6.6 Total of Defined Expenses Incurred for Improving Health Care Quality (Lines 6.1+6.2+6.3+6.4+6.5)	52	11,161	23,535	0	0	0	0	0	0	0	475,109	4,052,743	4,562,600	0	4,562,600
7. Preliminary Medical Loss Ratio: MLR ((Lines 4 + 5.0 + 6.6 - Footnote 2.0)/Line 1.8	1.651	0.764	0.775	0.000	0.000	0.000	0.000	0.000	0.000	XXX	XXX	0.792	XXX	XXX	XXX
8. Claims Adjustment Expenses:															
8.1 Cost containment expenses not included in quality of care expenses in Line 6.6	0	12,953	36,357	0	0	0	0	0	0	0	8,353	2,096,784	2,154,446	0	2,154,446
8.2 All other claims adjustment expenses	0	18,681	42,989	0	0	0	0	0	0	0	620,679	4,115,338	4,797,687	0	4,797,687
8.3 Total claims adjustment expenses (Lines 8.1 + 8.2)	0	31,634	79,346	0	0	0	0	0	0	0	629,032	6,212,121	6,952,134	0	6,952,134
9. Claims Adjustment Expense Ratio (Line 8.3/Line 1.8)	0.000	0.024	0.029	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.015	0.027	XXX	XXX	XXX

SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 1 (Continued)

	Business Subject to MLR									10	11	12	13	14	15
	Comprehensive Health Coverage			Mini-Med Plans			Expatriate Plans		9			Medicare Advantage Part C and Medicare Part D Stand-Alone Subject to ACA			
	1 Individual	2 Small Group Employer	3 Large Group Employer	4 Individual	5 Small Group Employer	6 Large Group Employer	7 Small Group	8 Large Group	Student Health Plans	Government Business (excluded by statute)	Other Health Business		Subtotal (Cols. 1 through 12)	Uninsured Plans	Total 13 + 14
10. General and Administrative (G&A) Expenses:															
10.1 Direct sales salaries and benefits	0	4,537	14,989	0	0	0	0	0	0	0	52,289	449,830	521,645	0	521,645
10.2 Agents and brokers fees and commissions	0	39,362	45,998	0	0	0	0	0	0	0	1,521,113	5,528,668	7,135,141	0	7,135,141
10.3 Other taxes (excluding taxes on Lines 1.5 through 1.7 and Line 14 below)	(502)	(3,205)	3,290	0	0	0	0	0	0	0	31,257	290,235	321,074	0	321,074
10.4 Other general and administrative expenses	(52)	45,130	76,080	0	0	0	0	0	0	0	4,213,922	9,316,234	13,651,315	0	13,651,315
10.4a Community Benefit Expenditures (informational only)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
10.5 Total general and administrative (Lines 10.1 +10.2 + 10.3 + 10.4)	(554)	85,824	140,356	0	0	0	0	0	0	0	5,818,581	15,584,966	21,629,174	0	21,629,174
11. Underwriting Gain/(Loss) (Lines 1.12 - 5.7 - 6.6 - 8.3 - 10.5)	(4,293)	191,478	330,825	0	0	0	0	0	0	0	1,339,078	26,509,007	28,366,096	XXX	28,366,096
12. Income from fees of uninsured plans	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0
13. Net investment and other gain/(loss)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	4,165,194	XXX	4,165,194
14. Federal income taxes (excluding taxes on Line 1.5 above)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	241,908	XXX	241,908
15. Net gain or (loss) (Lines 11 + 12 + 13 - 14)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	32,289,382	XXX	32,289,382
16. ICD-10 Implementation Expenses (informational only; already included in general expenses and line 10.4)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
16. 16a ICD-10 Implementation Expenses (informational only; already included in line 10.4)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
OTHER INDICATORS:															
1. Number of certificates/policies	0	163	400	0	0	0	0	0	0	0	20,785	34,201	55,549	0	55,549
2. Number of Covered Lives	0	271	669	0	0	0	0	0	0	0	21,358	34,201	56,499	0	56,499
3. Number of Groups	XXX	36	11	XXX	0	0	0	0	0	0	44	0	91	0	91
4. Member Months	19	2,446	8,563	0	0	0	0	0	0	0	249,943	407,453	668,424	0	668,424

Is run off business reported in Columns 1 through 9 or 12? Yes [ ] No [ ] If yes, show the amount of premiums and claims included. Premiums $ 0 Claims $ 0

216-2.ID

AFFORDABLE CARE ACT (ACA) RECEIPTS, PAYMENTS, RECEIVABLES and PAYABLES				
	Current Year		Prior Year	
	Comprehensive Health Coverage		Comprehensive Health Coverage	
	1 Individual Plans	2 Small Group Employer Plans	3 Individual Plans	4 Small Group Employer Plans
ACA Receivables and Payables				
1. Permanent ACA Risk Adjustment Program				
1.0 Premium adjustments receivable/(payable)	0	262,287	0	(88,969)
2. Transitional ACA Reinsurance Program				
2.0 Total amounts recoverable for claims (paid & unpaid)	0	XXX	0	XXX
3. Temporary ACA Risk Corridors Program				
3.1 Accrued retrospective premium	0	0	0	0
3.2 Reserve for rate credits or policy experience refunds	0	0	0	0
ACA Receipts and Payments				
4. Permanent ACA Risk Adjustment Program				
4.0 Premium adjustments receipts/(payments)	0	1,625	0	139,606
5. Transitional ACA Reinsurance Program				
5.0 Amounts received for claims	0	XXX	0	XXX
6. Temporary ACA Risk Corridors Program				
6.1 Retrospective premium received	0	0	0	0
6.2 Rate credits or policy experience refunds paid	0	0	0	0

SUPPLEMENT FOR THE YEAR 2018 OF THE UnitedHealthcare Insurance Company

SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 2

(To Be Filed by April 1 - Not for Rebate Purposes)

REPORT FOR: 1. CORPORATION UnitedHealthcare Insurance Company 2. 185 Asylum Street Hartford, CT 061033408 (LOCATION)

NAIC Group Code 0707 BUSINESS IN THE STATE OF Idaho DURING THE YEAR 2018 NAIC Company Code 79413

	Business Subject to MLR												
	Comprehensive Health Coverage			Mini-Med Plans			Expatriate Plans:		9	10	11	12	13
	1 Individual	2 Small Group Employer	3 Large Group Employer	4 Individual	5 Small Group Employer	6 Large Group Employer	7 Small Group	8 Large Group	Student Health Plans	Government Business (excluded by statute)	Other Health Business	Medicare Advantage Part C and Medicare Part D Stand-Alone Subject to ACA	Total (a)
1. Health Premiums Earned:													
1.1 Direct premiums written	6,442	1,395,111	2,941,932	0	0	0	0	0	0	0	41,781,640	244,152,351	290,277,475
1.2 Unearned premium prior year	0	0	0	0	0	0	0	0	0	0	0	0	0
1.3 Unearned premium current year	0	0	0	0	0	0	0	0	0	0	0	0	0
1.4 Change in unearned premium (Lines 1.2 - 1.3)	0	0	0	0	0	0	0	0	0	0	0	0	0
1.5 Paid rate credits	0	0	0	0	0	0	0	0	0	0	(1,470,760)	436,652	(1,034,108)
1.6 Reserve for rate credits current year	0	0	0	0	0	0	0	0	0	0	0	441,944	441,944
1.7 Reserve for rate credits prior year	0	0	0	0	0	0	0	0	0	0	0	1,045,266	1,045,266
1.8 Change in reserve for rate credits (Lines 1.6 - 1.7)	0	0	0	0	0	0	0	0	0	0	0	(603,322)	(603,322)
1.9 Premium balances written off	0	0	0	0	0	0	0	0	0	0	44	192,581	192,625
1.10 Group conversion charge	0	0	0	0	0	0	0	0	0	0	0	0	0
1.11 Total direct premiums earned (Lines 1.1 + 1.4 - 1.9 + 1.10)	6,442	1,395,111	2,941,932	0	0	0	0	0	0	0	41,781,596	243,959,770	290,084,851
1.12 Assumed premiums earned from non-affiliates	0	0	0	0	0	0	0	0	0	0	0	0	0
1.13 Net Assumed less Ceded premiums earned from affiliates	0	0	0	0	0	0	0	0	0	0	0	43,099	43,099
1.14 Ceded premiums earned to non-affiliates	0	0	372,757	0	0	0	0	0	0	0	0	0	372,757
1.15 Other Adjustments due to MLR calculation - Premiums	0	0	0	0	0	0	0	0	0	0	44	192,581	192,625
1.16 Net premiums earned (Lines 1.11 - 1.5 - 1.8 + 1.12 + 1.13 - 1.14 + 1.15)	6,442	1,395,111	2,569,175	0	0	0	0	0	0	0	43,252,399	244,362,120	291,585,247
2. Direct Claims Incurred:													
2.1 Paid claims during the year	12,237	867,388	2,247,713	0	0	0	0	0	0	0	32,150,371	176,957,502	212,235,212
2.2 Direct claim liability current year	3	152,875	293,232	0	0	0	0	0	0	0	4,696,683	23,029,383	28,172,176
2.3 Direct claim liability prior year	2	38,951	505,652	0	0	0	0	0	0	0	4,188,173	23,726,536	28,459,315
2.4 Direct claim reserves current year	0	2,769	3,482	0	0	0	0	0	0	0	1,192,473	29,389	1,228,113
2.5 Direct claim reserves prior year	0	163	15,552	0	0	0	0	0	0	0	1,147,047	26,938	1,189,700
2.6 Direct contract reserves current year	0	0	0	0	0	0	0	0	0	0	4,921,397	0	4,921,397
2.7 Direct contract reserves prior year	0	0	0	0	0	0	0	0	0	0	3,585,094	0	3,585,094
2.8 Paid rate credits	0	0	0	0	0	0	0	0	0	0	(1,470,760)	436,652	(1,034,108)
2.9 Reserve for rate credits current year	0	0	0	0	0	0	0	0	0	0	0	441,944	441,944
2.10 Reserve for rate credits prior year	0	0	0	0	0	0	0	0	0	0	0	1,045,266	1,045,266
2.11 Incurred medical incentive pools and bonuses (Lines 2.11a + 2.11b - 2.11c)	0	329	2,498	0	0	0	0	0	0	0	0	3,326,316	3,329,142
2.11a Paid medical incentive pools and bonuses current year	0	159	68	0	0	0	0	0	0	0	0	2,860,767	2,860,994
2.11b Accrued medical incentive pools and bonuses current year	0	170	2,891	0	0	0	0	0	0	0	0	3,163,593	3,166,655
2.11c Accrued medical incentive pools and bonuses prior year	0	0	461	0	0	0	0	0	0	0	0	2,698,045	2,698,506
2.12 Net healthcare receivables (Lines 2.12a - 2.12b)	0	(3,284)	(25,613)	0	0	0	0	0	0	0	3,909	339,054	314,066
2.12a Healthcare receivables current year	0	15,107	37,311	0	0	0	0	0	0	0	3,909	11,115,762	11,172,088
2.12b Healthcare receivables prior year	0	18,390	62,924	0	0	0	0	0	0	0	0	10,776,708	10,858,022
2.13 Group conversion charge	0	0	0	0	0	0	0	0	0	0	0	0	0
2.14 Multi-option coverage blended rate adjustment	0	0	0	0	0	0	0	0	0	0	0	0	0
2.15 Total incurred claims (Lines 2.1 + 2.2 - 2.3 + 2.4 - 2.5 + 2.6 - 2.7 + 2.8 + 2.9 - 2.10 + 2.11 - 2.12 + 2.13 + 2.14)	12,238	987,529	2,051,334	0	0	0	0	0	0	0	32,565,942	179,083,393	214,700,436
2.16 Assumed incurred claims from non-affiliates	0	0	0	0	0	0	0	0	0	0	0	0	0
2.17 Net assumed less ceded incurred claims from affiliates	0	0	0	0	0	0	0	0	0	0	0	0	0
2.18 Ceded incurred claims to non-affiliates	0	0	305,997	0	0	0	0	0	0	0	0	0	305,997
2.19 Other adjustments due to MLR calculation - Claims	0	0	0	0	0	0	0	0	0	0	0	0	0
2.20 Net Incurred Claims (Lines 2.15 - 2.8 - 2.9 + 2.10 + 2.16 + 2.17 - 2.18 + 2.19)	12,238	987,529	1,745,337	0	0	0	0	0	0	0	34,036,702	179,250,063	216,031,868
3. Fraud and Abuse Recoveries that Reduced PAID Claims in Line 2.1 above (informational only)	1	3	93,652	0	0	0	0	0	0	0	0	26,515	120,170

(a) Column 13, Line 1.1 includes direct written premium of $ 67,083 for stand-alone dental and $ 21,276 for stand-alone vision policies.

SUPPLEMENT FOR THE YEAR 2018 OF THE UnitedHealthcare Insurance Company

SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 3

(To Be Filed by April 1 - Not for Rebate Purposes)

REPORT FOR: 1. CORPORATION UnitedHealthcare Insurance Company 2. 185 Asylum Street Hartford, CT 061033408 (LOCATION)

NAIC Group Code 0707 BUSINESS IN THE STATE OF Idaho DURING THE YEAR 2018 NAIC Company Code 79413

	All Expenses	Improving Health Care Quality Expenses						Claims Adjustment Expenses		9	10
		1 Improve Health Outcomes	2 Activities to Prevent Hospital Readmissions	3 Improve Patient Safety and Reduce Medical Errors	4 Wellness & Health Promotion Activities	5 HIT Expenses	6 Total (1 to 5)	7 Cost Containment Expenses	8 Other Claims Adjustment Expenses	General Administrative Expenses	Total Expenses (6 to 9)
1.	Individual Comprehensive Coverage Expenses:										
	1.1 Salaries (including $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	1.2 Outsourced Services	0	0	0	0	0	0	0	0	0	0
	1.3 EDP Equipment and Software (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	1.4 Other Equipment (excl. EDP) (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	1.5 Accreditation and Certification (incl $ 0 for affiliated services)	0	XXX	XXX	XXX	XXX	0	0	0	0	0
	1.6 Other Expenses (incl $ 0 for affiliated services)	52	0	0	0	0	52	0	0	(52)	0
	1.7 Subtotal before Reimbursements and Taxes (Lines 1.1 to 1.6)	52	0	0	0	0	52	0	0	(52)	0
	1.8 Reimbursements by uninsured plans and fiscal intermediaries	0	0	0	0	0	0	0	0	0	0
	1.9 Taxes, Licenses and Fees (in total, for tying purposes)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	(468)	(468)
	1.10 Total (1.7 to 1.9)	52	0	0	0	0	52	0	0	(520)	(468)
	1.11 Total Fraud and Abuse Detection/Recovery Expenses included in Column 7 (informational only)	0	0	0	0	0	0	0	0	0	0
2.	Small Group Comprehensive Coverage Expenses:										
	2.1 Salaries (including $ 26,178 for affiliated services)	0	0	0	0	0	0	3,530	5,294	17,353	26,178
	2.2 Outsourced Services	0	0	0	0	0	0	555	607	1,589	2,751
	2.3 EDP Equipment and Software (incl $ 1,821 for affiliated services)	0	0	0	0	0	0	295	442	1,084	1,821
	2.4 Other Equipment (excl. EDP) (incl $ 175 for affiliated services)	0	0	0	0	0	0	28	42	104	175
	2.5 Accreditation and Certification (incl $ 19 for affiliated services)	0	XXX	XXX	XXX	XXX	0	3	5	11	19
	2.6 Other Expenses (incl $ 58,189 for affiliated services)	11,161	0	0	0	0	11,161	8,119	11,841	68,566	99,687
	2.7 Subtotal before Reimbursements and Taxes (Lines 2.1 to 2.6)	11,161	0	0	0	0	11,161	12,530	18,231	88,708	130,629
	2.8 Reimbursements by uninsured plans and fiscal intermediaries	0	0	0	0	0	0	0	0	0	0
	2.9 Taxes, Licenses and Fees (in total, for tying purposes)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	23,736	23,736
	2.10 Total (2.7 to 2.9)	11,161	0	0	0	0	11,161	12,530	18,231	112,444	154,366
	2.11 Total Fraud and Abuse Detection/Recovery Expenses included in Column 7 (informational only)	0	0	0	0	0	0	3,652	0	0	3,652
3.	Large Group Comprehensive Coverage Expenses:										
	3.1 Salaries (including $ 66,907 for affiliated services)	0	0	0	0	0	0	9,427	12,190	45,290	66,907
	3.2 Outsourced Services	0	0	0	0	0	0	3,186	1,397	3,729	8,312
	3.3 EDP Equipment and Software (incl $ 4,380 for affiliated services)	0	0	0	0	0	0	787	1,018	2,575	4,380
	3.4 Other Equipment (excl. EDP) (incl $ 420 for affiliated services)	0	0	0	0	0	0	76	98	247	420
	3.5 Accreditation and Certification (incl $ 46 for affiliated services)	0	XXX	XXX	XXX	XXX	0	8	11	27	46
	3.6 Other Expenses (incl $ 146,306 for affiliated services)	23,535	0	0	0	0	23,535	21,730	27,263	84,203	156,732
	3.7 Subtotal before Reimbursements and Taxes (Lines 3.1 to 3.6)	23,535	0	0	0	0	23,535	35,214	41,977	136,071	236,798
	3.8 Reimbursements by uninsured plans and fiscal intermediaries	0	0	0	0	0	0	0	0	0	0
	3.9 Taxes, Licenses and Fees (in total, for tying purposes)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	99,759	99,759
	3.10 Total (3.7 to 3.9)	23,535	0	0	0	0	23,535	35,214	41,977	235,830	336,557
	3.11 Total Fraud and Abuse Detection/Recovery Expenses included in Column 7 (informational only)	0	0	0	0	0	0	10,476	0	0	10,476

SUPPLEMENT FOR THE YEAR 2018 OF THE UnitedHealthcare Insurance Company

SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 3 (Continued)

	All Expenses	Improving Health Care Quality Expenses						Claims Adjustment Expenses		9	10
		1 Improve Health Outcomes	2 Activities to Prevent Hospital Readmissions	3 Improve Patient Safety and Reduce Medical Errors	4 Wellness & Health Promotion Activities	5 HIT Expenses	6 Total (1 to 5)	7 Cost Containment Expenses	8 Other Claims Adjustment Expenses	General Administrative Expenses	Total Expenses (6 to 9)
4.	Individual Mini-Med Plans Expenses:										
	4.1 Salaries (including $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	4.2 Outsourced Services	0	0	0	0	0	0	0	0	0	0
	4.3 EDP Equipment and Software (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	4.4 Other Equipment (excl. EDP) (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	4.5 Accreditation and Certification (incl $ 0 for affiliated services)	0	XXX	XXX	XXX	XXX	0	0	0	0	0
	4.6 Other Expenses (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	4.7 Subtotal before Reimbursements and Taxes (Lines 4.1 to 4.6)	0	0	0	0	0	0	0	0	0	0
	4.8 Reimbursements by uninsured plans and fiscal intermediaries	0	0	0	0	0	0	0	0	0	0
	4.9 Taxes, Licenses and Fees (in total, for tying purposes)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0
	4.10 Total (4.7 to 4.9)	0	0	0	0	0	0	0	0	0	0
	4.11 Total Fraud and Abuse Detection/Recovery Expenses included in Column 7 (informational only)	0	0	0	0	0	0	0	0	0	0
5.	Small Group Mini-Med Plans Expenses:										
	5.1 Salaries (including $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	5.2 Outsourced Services	0	0	0	0	0	0	0	0	0	0
	5.3 EDP Equipment and Software (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	5.4 Other Equipment (excl. EDP) (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	5.5 Accreditation and Certification (incl $ 0 for affiliated services)	0	XXX	XXX	XXX	XXX	0	0	0	0	0
	5.6 Other Expenses (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	5.7 Subtotal before Reimbursements and Taxes (Lines 5.1 to 5.6)	0	0	0	0	0	0	0	0	0	0
	5.8 Reimbursements by uninsured plans and fiscal intermediaries	0	0	0	0	0	0	0	0	0	0
	5.9 Taxes, Licenses and Fees (in total, for tying purposes)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0
	5.10 Total (5.7 to 5.9)	0	0	0	0	0	0	0	0	0	0
	5.11 Total Fraud and Abuse Detection/Recovery Expenses included in Column 7 (informational only)	0	0	0	0	0	0	0	0	0	0
6.	Large Group Mini-Med Plans Expenses:										
	6.1 Salaries (including $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	6.2 Outsourced Services	0	0	0	0	0	0	0	0	0	0
	6.3 EDP Equipment and Software (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	6.4 Other Equipment (excl. EDP) (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	6.5 Accreditation and Certification (incl $ 0 for affiliated services)	0	XXX	XXX	XXX	XXX	0	0	0	0	0
	6.6 Other Expenses (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	6.7 Subtotal before Reimbursements and Taxes (Lines 6.1 to 6.6)	0	0	0	0	0	0	0	0	0	0
	6.8 Reimbursements by uninsured plans and fiscal intermediaries	0	0	0	0	0	0	0	0	0	0
	6.9 Taxes, Licenses and Fees (in total, for tying purposes)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0
	6.10 Total (6.7 to 6.9)	0	0	0	0	0	0	0	0	0	0
	6.11 Total Fraud and Abuse Detection/Recovery Expenses included in Column 7 (informational only)	0	0	0	0	0	0	0	0	0	0

SUPPLEMENT FOR THE YEAR 2018 OF THE UnitedHealthcare Insurance Company

SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 3 (Continued)

	All Expenses	Improving Health Care Quality Expenses						Claims Adjustment Expenses		9	10
		1 Improve Health Outcomes	2 Activities to Prevent Hospital Readmissions	3 Improve Patient Safety and Reduce Medical Errors	4 Wellness & Health Promotion Activities	5 HIT Expenses	6 Total (1 to 5)	7 Cost Containment Expenses	8 Other Claims Adjustment Expenses	General Administrative Expenses	Total Expenses (6 to 9)
7.	Small Group Expatriate Plans Expenses:										
	7.1 Salaries (including $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	7.2 Outsourced Services	0	0	0	0	0	0	0	0	0	0
	7.3 EDP Equipment and Software (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	7.4 Other Equipment (excl. EDP) (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	7.5 Accreditation and Certification (incl $ 0 for affiliated services)	0	XXX	XXX	XXX	XXX	0	0	0	0	0
	7.6 Other Expenses (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	7.7 Subtotal before Reimbursements and Taxes (Lines 7.1 to 7.6)	0	0	0	0	0	0	0	0	0	0
	7.8 Reimbursements by uninsured plans and fiscal intermediaries	0	0	0	0	0	0	0	0	0	0
	7.9 Taxes, Licenses and Fees (in total, for tying purposes)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0
	7.10 Total (7.7 to 7.9)	0	0	0	0	0	0	0	0	0	0
	7.11 Total Fraud and Abuse Detection/Recovery Expenses included in Column 7 (informational only)	0	0	0	0	0	0	0	0	0	0
8.	Large Group Expatriate Plans Expenses:										
	8.1 Salaries (including $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	8.2 Outsourced Services	0	0	0	0	0	0	0	0	0	0
	8.3 EDP Equipment and Software (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	8.4 Other Equipment (excl. EDP) (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	8.5 Accreditation and Certification (incl $ 0 for affiliated services)	0	XXX	XXX	XXX	XXX	0	0	0	0	0
	8.6 Other Expenses (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	8.7 Subtotal before Reimbursements and Taxes (Lines 8.1 to 8.6)	0	0	0	0	0	0	0	0	0	0
	8.8 Reimbursements by uninsured plans and fiscal intermediaries	0	0	0	0	0	0	0	0	0	0
	8.9 Taxes, Licenses and Fees (in total, for tying purposes)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0
	8.10 Total (8.7 to 8.9)	0	0	0	0	0	0	0	0	0	0
	8.11 Total Fraud and Abuse Detection/Recovery Expenses included in Column 7 (informational only)	0	0	0	0	0	0	0	0	0	0
9.	Student Health Plans Expenses:										
	9.1 Salaries (including $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	9.2 Outsourced Services	0	0	0	0	0	0	0	0	0	0
	9.3 EDP Equipment and Software (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	9.4 Other Equipment (excl. EDP) (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	9.5 Accreditation and Certification (incl $ 0 for affiliated services)	0	XXX	XXX	XXX	XXX	0	0	0	0	0
	9.6 Other Expenses (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	9.7 Subtotal before Reimbursements and Taxes (Lines 9.1 to 9.6)	0	0	0	0	0	0	0	0	0	0
	9.8 Reimbursements by uninsured plans and fiscal intermediaries	0	0	0	0	0	0	0	0	0	0
	9.9 Taxes, Licenses and Fees (in total, for tying purposes)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0
	9.10 Total (9.7 to 9.9)	0	0	0	0	0	0	0	0	0	0
	9.11 Total Fraud and Abuse Detection/Recovery Expenses included in Column 7 (informational only)	0	0	0	0	0	0	0	0	0	0



SUPPLEMENT FOR THE YEAR 2018 OF THE UnitedHealthcare Insurance Company

SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 1

(To Be Filed by April 1 - Not for Rebate Purposes - See Cautionary Statement at http://www.naic.org/documents/committees_e_app_blanks_related_shce_cautionary_statement.pdf)

REPORT FOR: 1. CORPORATION UnitedHealthcare Insurance Company 2. 185 Asylum Street Hartford, CT 061033408 (LOCATION)

NAIC Group Code 0707 BUSINESS IN THE STATE OF Illinois DURING THE YEAR 2018 NAIC Company Code 79413

	Business Subject to MLR									10	11	12	13	14	15
	Comprehensive Health Coverage			Mini-Med Plans			Expatriate Plans		9						
	1 Individual	2 Small Group Employer	3 Large Group Employer	4 Individual	5 Small Group Employer	6 Large Group Employer	7 Small Group	8 Large Group	Student Health Plans	Government Business (excluded by statute)	Other Health Business	Medicare Advantage Part C and Medicare Part D Stand-Alone Subject to ACA	Subtotal (Cols. 1 through 12)	Uninsured Plans	Total 13 + 14
1. Premium:															
1.1 Health premiums earned (From Part 2, Line 1.11)	662,025	7,267	97,652,755	0	0	0	0	0	0	1,813	528,318,567	202,964,379	829,606,807	XXX	829,606,807
1.2 Federal high risk pools	0	0	0	0	0	0	0	0	0	0	0	0	0	XXX	0
1.3 State high risk pools	(1,493)	10	(60,130)	0	0	0	0	0	0	0	135,829	0	74,216	XXX	74,216
1.4 Premiums earned including state and federal high risk programs (Lines 1.1 + 1.2 + 1.3)	660,532	7,277	97,592,625	0	0	0	0	0	0	1,813	528,454,396	202,964,379	829,681,023	XXX	829,681,023
1.5 Federal taxes and federal assessments	(19,113)	20,245	7,276,279	0	0	0	0	0	0	361	6,910,961	9,427,387	23,616,121	(62,892)	23,553,228
1.6 State insurance, premium and other taxes (Similar local taxes of $ 7,284,152)	22,344	(4,842)	2,777,835	0	0	0	0	0	0	186	9,973,369	2,801,692	15,570,584	(31,391)	15,539,194
1.6a Community Benefit Expenditures (informational only)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
1.7 Regulatory authority licenses and fees	605	(15)	20,460	0	0	0	0	0	0	0	(63,464)	0	(42,414)	0	(42,414)
1.8 Adjusted Premiums Earned (Lines 1.4 - 1.5 - 1.6 - 1.7)	656,696	(8,110)	87,518,051	0	0	0	0	0	0	1,266	511,633,530	190,735,300	790,536,732	XXX	790,631,015
1.9 Net Assumed less Ceded reinsurance premiums earned	15,463	54,406	(1,506,856)	0	0	0	0	0	0	0	(402,474)	1,680,518	(158,942)	XXX	(158,942)
1.10 Other Adjustments due to MLR calculations - Premiums	0	0	0	0	0	0	0	0	0	0	9,414	2,361,624	2,371,038	XXX	2,371,038
1.11 Risk Revenue	0	0	0	0	0	0	0	0	0	0	0	0	0	XXX	0
1.12 Net adjusted premiums earned after reinsurance (Lines 1.8 + 1.9 + 1.10 + 1.11)	672,159	46,296	86,011,195	0	0	0	0	0	0	1,266	511,240,470	194,777,442	792,748,828	XXX	792,843,110
2. Claims:															
2.1 Incurred claims excluding prescription drugs	615,146	(24,415)	60,306,318	0	0	0	0	0	0	0	289,070,589	13,984,632	363,952,270	XXX	363,952,270
2.2 Prescription drugs	72,076	5,445	15,683,239	0	0	0	0	0	0	0	155,329,076	302,442,409	473,532,244	XXX	473,532,244
2.3 Pharmaceutical rebates	7,526	0	4,822,263	0	0	0	0	0	0	0	84,368	166,964,148	171,878,305	XXX	171,878,305
2.4 State stop loss, market stabilization and claim/census based assessments (informational only)	9,612	0	215,856	0	0	0	0	0	0	0	171	0	225,639	XXX	225,639
3. Incurred medical incentive pools and bonuses	0	2,253	70,521	0	0	0	0	0	0	0	0	(655,389)	(582,615)	XXX	(582,615)
4. Deductible Fraud and Abuse Detection/Recovery Expenses (for MLR use only)	0	0	266,479	0	0	0	0	0	0	0	0	33,923	300,402	0	300,402
5. 5.0 Total Incurred Claims (Lines 2.1 + 2.2 - 2.3 + 3) (From Part 2, Line 2.15)	679,696	(16,718)	71,237,815	0	0	0	0	0	0	0	444,315,297	148,807,505	665,023,595	XXX	665,023,595
5.1 Net Assumed less Ceded reinsurance claims incurred	71,992	104,564	(921,446)	0	0	0	0	0	0	0	(366,026)	(50,681)	(1,161,597)	XXX	(1,161,597)
5.2 Other Adjustments due to MLR calculations - Claims	0	0	0	0	0	0	0	0	0	0	0	0	0	XXX	0
5.3 Rebates paid	0	0	0	0	0	0	0	0	0	XXX	XXX	0	0	XXX	0
5.4 Estimated rebates unpaid prior year	0	0	0	0	0	0	0	0	0	XXX	XXX	0	0	XXX	0
5.5 Estimated rebates unpaid current year	0	0	0	0	0	0	0	0	0	XXX	XXX	0	0	XXX	0
5.6 Fee for service and co-pay revenue	0	0	0	0	0	0	0	0	0	0	0	0	0	XXX	0
5.7 Net incurred claims after reinsurance (Lines 5.0 + 5.1 + 5.2 + 5.3 - 5.4 + 5.5 - 5.6)	751,688	87,846	70,316,369	0	0	0	0	0	0	0	443,949,271	148,756,824	663,861,997	XXX	663,861,997
6. Improving Health Care Quality Expenses Incurred:															
6.1 Improve health outcomes	5,296	58	781,222	0	0	0	0	0	0	0	707,502	348,786	1,842,865	41,262	1,884,127
6.2 Activities to prevent hospital readmissions	0	0	0	0	0	0	0	0	0	0	226,037	115,417	341,455	183	341,637
6.3 Improve patient safety and reduce medical errors	0	0	0	0	0	0	0	0	0	0	197,095	565,646	762,741	158,955	921,696
6.4 Wellness and health promotion activities	0	0	0	0	0	0	0	0	0	0	2,148,699	(103,456)	2,045,243	(21,962)	2,023,282
6.5 Health Information Technology expenses related to health improvement	0	0	0	0	0	0	0	0	0	0	178,473	643,151	821,624	105,340	926,964
6.6 Total of Defined Expenses Incurred for Improving Health Care Quality (Lines 6.1+6.2+6.3+6.4+6.5)	5,296	58	781,222	0	0	0	0	0	0	0	3,457,807	1,569,544	5,813,928	283,778	6,097,706
7. Preliminary Medical Loss Ratio: MLR ((Lines 4 + 5.0 + 6.6 - Footnote 2.0)/Line 1.8	1.043	2.054	0.826	0.000	0.000	0.000	0.000	0.000	0.000	XXX	XXX	0.789	XXX	XXX	XXX
8. Claims Adjustment Expenses:															
8.1 Cost containment expenses not included in quality of care expenses in Line 6.6	2,689	1,093	989,606	0	0	0	0	0	0	0	960,689	2,951,956	4,906,032	411,599	5,317,632
8.2 All other claims adjustment expenses	11,456	45,612	1,237,806	0	0	0	0	0	0	0	5,673,457	11,550,284	18,518,614	3,176,239	21,694,853
8.3 Total claims adjustment expenses (Lines 8.1 + 8.2)	14,144	46,705	2,227,412	0	0	0	0	0	0	0	6,634,146	14,502,239	23,424,646	3,587,838	27,012,485
9. Claims Adjustment Expense Ratio (Line 8.3/Line 1.8)	0.022	(5.759)	0.025	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.013	0.076	XXX	XXX	XXX

SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 1 (Continued)

	Business Subject to MLR									10	11	12	13	14	15
	Comprehensive Health Coverage			Mini-Med Plans			Expatriate Plans		9						
	1 Individual	2 Small Group Employer	3 Large Group Employer	4 Individual	5 Small Group Employer	6 Large Group Employer	7 Small Group	8 Large Group	Student Health Plans	Government Business (excluded by statute)	Other Health Business	Medicare Advantage Part C and Medicare Part D Stand-Alone Subject to ACA	Subtotal (Cols. 1 through 12)	Uninsured Plans	Total 13 + 14
10. General and Administrative (G&A) Expenses:															
10.1 Direct sales salaries and benefits	148	(23)	73,849	0	0	0	0	0	0	0	978,042	455,964	1,507,981	65,831	1,573,811
10.2 Agents and brokers fees and commissions	0	131	24,918	0	0	0	0	0	0	0	16,099,201	1,585,780	17,710,030	0	17,710,030
10.3 Other taxes (excluding taxes on Lines 1.5 through 1.7 and Line 14 below)	(7,426)	(151,193)	51,349	0	0	0	0	0	0	0	416,937	492,263	801,930	9,892	811,822
10.4 Other general and administrative expenses	65,433	2,131	1,717,976	0	0	0	0	0	0	0	33,853,349	14,872,971	50,511,860	201,017	50,712,877
10.4a Community Benefit Expenditures (informational only)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
10.5 Total general and administrative (Lines 10.1 +10.2 + 10.3 + 10.4)	58,156	(148,954)	1,868,092	0	0	0	0	0	0	0	51,347,530	17,406,978	70,531,801	276,739	70,808,540
11. Underwriting Gain/(Loss) (Lines 1.12 - 5.7 - 6.6 - 8.3 - 10.5)	(157,125)	60,641	10,818,101	0	0	0	0	0	0	1,266	5,851,716	12,541,856	29,116,455	XXX	25,062,383
12. Income from fees of uninsured plans	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	3,833,195	3,833,195
13. Net investment and other gain/(loss)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	13,206,459	XXX	13,206,459
14. Federal income taxes (excluding taxes on Line 1.5 above)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	630,211	XXX	630,211
15. Net gain or (loss) (Lines 11 + 12 + 13 - 14)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	41,692,703	XXX	41,471,825
16. ICD-10 Implementation Expenses (informational only; already included in general expenses and line 10.4)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
16. 16a ICD-10 Implementation Expenses (informational only; already included in line 10.4)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
OTHER INDICATORS:															
1. Number of certificates/policies	68	0	7,114	0	0	0	0	0	0	0	380,183	186,214	573,579	51,123	624,702
2. Number of Covered Lives	65	0	14,875	0	0	0	0	0	0	1	604,444	186,214	805,599	78,081	883,680
3. Number of Groups	XXX	0	14	XXX	0	0	0	0	0	0	6,541	13	6,568	1,470	8,038
4. Member Months	956	1,800	210,165	0	0	0	0	0	0	12	7,471,800	2,286,149	9,970,882	959,771	10,930,653

Is run off business reported in Columns 1 through 9 or 12? Yes [ ] No [ ] If yes, show the amount of premiums and claims included. Premiums $ 0 Claims $ 0

AFFORDABLE CARE ACT (ACA) RECEIPTS, PAYMENTS, RECEIVABLES and PAYABLES				
	Current Year		Prior Year	
	Comprehensive Health Coverage		Comprehensive Health Coverage	
	1 Individual Plans	2 Small Group Employer Plans	3 Individual Plans	4 Small Group Employer Plans
ACA Receivables and Payables				
1. Permanent ACA Risk Adjustment Program 1.0 Premium adjustments receivable/(payable)	0	0	0	0
2. Transitional ACA Reinsurance Program 2.0 Total amounts recoverable for claims (paid & unpaid)	0	XXX	0	XXX
3. Temporary ACA Risk Corridors Program 3.1 Accrued retrospective premium	0	0	0	0
3.2 Reserve for rate credits or policy experience refunds	0	0	0	0
ACA Receipts and Payments				
4. Permanent ACA Risk Adjustment Program 4.0 Premium adjustments receipts/(payments)	0	0	0	0
5. Transitional ACA Reinsurance Program 5.0 Amounts received for claims	0	XXX	0	XXX
6. Temporary ACA Risk Corridors Program 6.1 Retrospective premium received	0	0	0	0
6.2 Rate credits or policy experience refunds paid	0	0	0	0

SUPPLEMENT FOR THE YEAR 2018 OF THE UnitedHealthcare Insurance Company

SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 2

(To Be Filed by April 1 - Not for Rebate Purposes)

REPORT FOR: 1. CORPORATION UnitedHealthcare Insurance Company 2. 185 Asylum Street Hartford, CT 061033408 (LOCATION)

NAIC Group Code 0707 BUSINESS IN THE STATE OF Illinois DURING THE YEAR 2018 NAIC Company Code 79413

	Business Subject to MLR									10	11	12	13
	Comprehensive Health Coverage			Mini-Med Plans			Expatriate Plans:		9				
	1 Individual	2 Small Group Employer	3 Large Group Employer	4 Individual	5 Small Group Employer	6 Large Group Employer	7 Small Group	8 Large Group	Student Health Plans	Government Business (excluded by statute)	Other Health Business	Medicare Advantage Part C and Medicare Part D Stand-Alone Subject to ACA	Total (a)
1. Health Premiums Earned:													
1.1 Direct premiums written	662,025	7,267	97,652,755	0	0	0	0	0	0	1,813	528,374,482	205,326,003	832,024,346
1.2 Unearned premium prior year	0	0	0	0	0	0	0	0	0	0	117,242	0	117,242
1.3 Unearned premium current year	0	0	0	0	0	0	0	0	0	0	163,743	0	163,743
1.4 Change in unearned premium (Lines 1.2 - 1.3)	0	0	0	0	0	0	0	0	0	0	(46,501)	0	(46,501)
1.5 Paid rate credits	(182,073)	0	189,391	0	0	0	0	0	0	0	(2,998,017)	8,898,931	5,908,232
1.6 Reserve for rate credits current year	0	0	(470,000)	0	0	0	0	0	0	0	3,323,113	233,514	3,086,627
1.7 Reserve for rate credits prior year	0	0	(377,242)	0	0	0	0	0	0	0	3,010,986	9,056,405	11,690,149
1.8 Change in reserve for rate credits (Lines 1.6 - 1.7)	0	0	(92,758)	0	0	0	0	0	0	0	312,127	(8,822,891)	(8,603,521)
1.9 Premium balances written off	0	0	0	0	0	0	0	0	0	0	9,414	2,361,624	2,371,038
1.10 Group conversion charge	0	0	0	0	0	0	0	0	0	0	0	0	0
1.11 Total direct premiums earned (Lines 1.1 + 1.4 - 1.9 + 1.10)	662,025	7,267	97,652,755	0	0	0	0	0	0	1,813	528,318,567	202,964,379	829,606,807
1.12 Assumed premiums earned from non-affiliates	0	0	(2,920)	0	0	0	0	0	0	0	0	0	(2,920)
1.13 Net Assumed less Ceded premiums earned from affiliates	15,463	54,406	(665,944)	0	0	0	0	0	0	0	0	1,680,518	1,084,443
1.14 Ceded premiums earned to non-affiliates	0	0	837,992	0	0	0	0	0	0	0	402,474	0	1,240,466
1.15 Other Adjustments due to MLR calculation - Premiums	0	0	0	0	0	0	0	0	0	0	9,414	2,361,624	2,371,038
1.16 Net premiums earned (Lines 1.11 - 1.5 - 1.8 + 1.12 + 1.13 - 1.14 + 1.15)	859,562	61,673	96,049,267	0	0	0	0	0	0	1,813	530,611,397	206,930,480	834,514,192
2. Direct Claims Incurred:													
2.1 Paid claims during the year	904,261	14,007	75,251,759	0	0	0	0	0	0	0	442,474,042	151,952,976	670,597,045
2.2 Direct claim liability current year	224,782	84,537	9,537,917	0	0	0	0	0	0	0	43,963,957	4,852,651	58,663,843
2.3 Direct claim liability prior year	82,386	117,591	14,867,962	0	0	0	0	0	0	0	42,383,920	14,928,596	72,380,454
2.4 Direct claim reserves current year	13,078	201	201,855	0	0	0	0	0	0	0	24,249,766	345	24,465,245
2.5 Direct claim reserves prior year	14,593	123	309,556	0	0	0	0	0	0	0	21,476,536	440	21,801,249
2.6 Direct contract reserves current year	392,037	0	0	0	0	0	0	0	0	0	497,605	0	889,641
2.7 Direct contract reserves prior year	572,135	0	0	0	0	0	0	0	0	0	298,999	0	871,134
2.8 Paid rate credits	(182,073)	0	189,391	0	0	0	0	0	0	0	(2,998,017)	8,898,931	5,908,232
2.9 Reserve for rate credits current year	0	0	(470,000)	0	0	0	0	0	0	0	3,323,113	233,514	3,086,627
2.10 Reserve for rate credits prior year	0	0	(377,242)	0	0	0	0	0	0	0	3,010,986	9,056,405	11,690,149
2.11 Incurred medical incentive pools and bonuses (Lines 2.11a + 2.11b - 2.11c)	0	2,253	70,521	0	0	0	0	0	0	0	(655,389)	(582,615)	
2.11a Paid medical incentive pools and bonuses current year	0	71	90,688	0	0	0	0	0	0	0	0	1,807	92,566
2.11b Accrued medical incentive pools and bonuses current year	0	2,182	169,615	0	0	0	0	0	0	0	0	32,198	203,994
2.11c Accrued medical incentive pools and bonuses prior year	0	0	189,782	0	0	0	0	0	0	0	0	689,393	879,175
2.12 Net healthcare receivables (Lines 2.12a - 2.12b)	3,274	0	(1,256,648)	0	0	0	0	0	0	0	24,728	(7,509,916)	(8,738,561)
2.12a Healthcare receivables current year	3,274	0	1,961,352	0	0	0	0	0	0	0	24,728	50,353,110	52,342,464
2.12b Healthcare receivables prior year	0	0	3,217,999	0	0	0	0	0	0	0	0	57,863,026	61,081,025
2.13 Group conversion charge	0	0	0	0	0	0	0	0	0	0	0	0	0
2.14 Multi-option coverage blended rate adjustment	0	0	0	0	0	0	0	0	0	0	0	0	0
2.15 Total incurred claims (Lines 2.1 + 2.2 - 2.3 + 2.4 - 2.5 + 2.6 - 2.7 + 2.8 + 2.9 - 2.10 + 2.11 - 2.12 + 2.13 + 2.14)	679,696	(16,718)	71,237,815	0	0	0	0	0	0	0	444,315,297	148,807,505	665,023,595
2.16 Assumed incurred claims from non-affiliates	0	0	(105,441)	0	0	0	0	0	0	0	0	0	(105,441)
2.17 Net assumed less ceded incurred claims from affiliates	71,992	104,564	(564,795)	0	0	0	0	0	0	0	0	(50,681)	(438,920)
2.18 Ceded incurred claims to non-affiliates	0	0	251,210	0	0	0	0	0	0	0	366,026	0	617,236
2.19 Other adjustments due to MLR calculation - Claims	0	0	0	0	0	0	0	0	0	0	0	0	0
2.20 Net Incurred Claims (Lines 2.15 - 2.8 - 2.9 + 2.10 + 2.16 + 2.17 - 2.18 + 2.19)	933,761	87,846	70,219,736	0	0	0	0	0	0	0	446,635,160	148,680,783	666,557,287
3. Fraud and Abuse Recoveries that Reduced PAID Claims in Line 2.1 above (informational only)	0	755	411,721	0	0	0	0	0	0	0	0	143,330	555,806

(a) Column 13, Line 1.1 includes direct written premium of $ 46,468,169 for stand-alone dental and $ 17,223,057 for stand-alone vision policies.

SUPPLEMENT FOR THE YEAR 2018 OF THE UnitedHealthcare Insurance Company

SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 3

(To Be Filed by April 1 - Not for Rebate Purposes)

REPORT FOR: 1. CORPORATION UnitedHealthcare Insurance Company 2. 185 Asylum Street Hartford, CT 061033408 (LOCATION)

NAIC Group Code 0707 BUSINESS IN THE STATE OF Illinois DURING THE YEAR 2018 NAIC Company Code 79413

	All Expenses	Improving Health Care Quality Expenses						Claims Adjustment Expenses		9	10
		1 Improve Health Outcomes	2 Activities to Prevent Hospital Readmissions	3 Improve Patient Safety and Reduce Medical Errors	4 Wellness & Health Promotion Activities	5 HIT Expenses	6 Total (1 to 5)	7 Cost Containment Expenses	8 Other Claims Adjustment Expenses	General Administrative Expenses	Total Expenses (6 to 9)
1.	Individual Comprehensive Coverage Expenses:										
	1.1 Salaries (including $ 20,272 for affiliated services)	0	0	0	0	0	0	700	6,507	13,065	20,272
	1.2 Outsourced Services	0	0	0	0	0	0	337	162	243	742
	1.3 EDP Equipment and Software (incl $ 421 for affiliated services)	0	0	0	0	0	0	58	104	258	421
	1.4 Other Equipment (excl. EDP) (incl $ 40 for affiliated services)	0	0	0	0	0	0	6	10	1	16
	1.5 Accreditation and Certification (incl $ 4 for affiliated services)	0	XXX	XXX	XXX	XXX	0	1	1	3	4
	1.6 Other Expenses (incl $ 9,480 for affiliated services)	5,296	0	0	0	0	5,296	1,573	4,657	52,002	63,528
	1.7 Subtotal before Reimbursements and Taxes (Lines 1.1 to 1.6)	5,296	0	0	0	0	5,296	2,675	11,441	65,571	84,983
	1.8 Reimbursements by uninsured plans and fiscal intermediaries	0	0	0	0	0	0	0	0	0	0
	1.9 Taxes, Licenses and Fees (in total, for tying purposes)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	15,563	15,563
	1.10 Total (1.7 to 1.9)	5,296	0	0	0	0	5,296	2,675	11,441	81,134	100,545
	1.11 Total Fraud and Abuse Detection/Recovery Expenses included in Column 7 (informational only)	0	0	0	0	0	0	120	0	0	120
2.	Small Group Comprehensive Coverage Expenses:										
	2.1 Salaries (including $ 13,191 for affiliated services)	0	0	0	0	0	0	(17)	13,246	(38)	13,191
	2.2 Outsourced Services	0	0	0	0	0	0	1,089	1,518	1,024	3,631
	2.3 EDP Equipment and Software (incl $ 1,103 for affiliated services)	0	0	0	0	0	0	(1)	1,106	(1)	1,103
	2.4 Other Equipment (excl. EDP) (incl $ 106 for affiliated services)	0	0	0	0	0	0	0	106	0	106
	2.5 Accreditation and Certification (incl $ 12 for affiliated services)	0	XXX	XXX	XXX	XXX	0	0	12	0	12
	2.6 Other Expenses (incl $ 30,066 for affiliated services)	58	0	0	0	0	58	25	29,625	1,245	30,953
	2.7 Subtotal before Reimbursements and Taxes (Lines 2.1 to 2.6)	58	0	0	0	0	58	1,095	45,612	2,230	48,995
	2.8 Reimbursements by uninsured plans and fiscal intermediaries	0	0	0	0	0	0	0	0	0	0
	2.9 Taxes, Licenses and Fees (in total, for tying purposes)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	(156,044)	(156,044)
	2.10 Total (2.7 to 2.9)	58	0	0	0	0	58	1,095	45,612	(153,814)	(107,049)
	2.11 Total Fraud and Abuse Detection/Recovery Expenses included in Column 7 (informational only)	0	0	0	0	0	0	0	0	0	0
3.	Large Group Comprehensive Coverage Expenses:										
	3.1 Salaries (including $ 1,130,544 for affiliated services)	0	0	0	0	0	0	245,116	353,824	531,604	1,130,544
	3.2 Outsourced Services	0	0	0	0	0	0	132,343	40,558	84,171	257,072
	3.3 EDP Equipment and Software (incl $ 88,461 for affiliated services)	0	0	0	0	0	0	20,468	29,546	38,446	88,461
	3.4 Other Equipment (excl. EDP) (incl $ 8,491 for affiliated services)	0	0	0	0	0	0	1,965	2,836	3,690	8,491
	3.5 Accreditation and Certification (incl $ 922 for affiliated services)	0	XXX	XXX	XXX	XXX	0	213	308	401	922
	3.6 Other Expenses (incl $ 3,196,257 for affiliated services)	781,222	0	0	0	0	781,222	561,653	791,352	1,144,459	3,278,685
	3.7 Subtotal before Reimbursements and Taxes (Lines 3.1 to 3.6)	781,222	0	0	0	0	781,222	961,757	1,218,424	1,802,771	4,764,175
	3.8 Reimbursements by uninsured plans and fiscal intermediaries	0	0	0	0	0	0	1	0	2	3
	3.9 Taxes, Licenses and Fees (in total, for tying purposes)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	2,910,842	2,910,842
	3.10 Total (3.7 to 3.9)	781,222	0	0	0	0	781,222	961,758	1,218,425	4,713,616	7,675,021
	3.11 Total Fraud and Abuse Detection/Recovery Expenses included in Column 7 (informational only)	0	0	0	0	0	0	266,479	0	0	266,479

SUPPLEMENT FOR THE YEAR 2018 OF THE UnitedHealthcare Insurance Company

SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 3 (Continued)

	All Expenses	Improving Health Care Quality Expenses						Claims Adjustment Expenses		9	10
		1 Improve Health Outcomes	2 Activities to Prevent Hospital Readmissions	3 Improve Patient Safety and Reduce Medical Errors	4 Wellness & Health Promotion Activities	5 HIT Expenses	6 Total (1 to 5)	7 Cost Containment Expenses	8 Other Claims Adjustment Expenses	General Administrative Expenses	Total Expenses (6 to 9)
4.	Individual Mini-Med Plans Expenses:										
	4.1 Salaries (including $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	4.2 Outsourced Services	0	0	0	0	0	0	0	0	0	0
	4.3 EDP Equipment and Software (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	4.4 Other Equipment (excl. EDP) (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	4.5 Accreditation and Certification (incl $ 0 for affiliated services)	0	XXX	XXX	XXX	XXX	0	0	0	0	0
	4.6 Other Expenses (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	4.7 Subtotal before Reimbursements and Taxes (Lines 4.1 to 4.6)	0	0	0	0	0	0	0	0	0	0
	4.8 Reimbursements by uninsured plans and fiscal intermediaries	0	0	0	0	0	0	0	0	0	0
	4.9 Taxes, Licenses and Fees (in total, for tying purposes)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0
	4.10 Total (4.7 to 4.9)	0	0	0	0	0	0	0	0	0	0
	4.11 Total Fraud and Abuse Detection/Recovery Expenses included in Column 7 (informational only)	0	0	0	0	0	0	0	0	0	0
5.	Small Group Mini-Med Plans Expenses:										
	5.1 Salaries (including $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	5.2 Outsourced Services	0	0	0	0	0	0	0	0	0	0
	5.3 EDP Equipment and Software (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	5.4 Other Equipment (excl. EDP) (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	5.5 Accreditation and Certification (incl $ 0 for affiliated services)	0	XXX	XXX	XXX	XXX	0	0	0	0	0
	5.6 Other Expenses (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	5.7 Subtotal before Reimbursements and Taxes (Lines 5.1 to 5.6)	0	0	0	0	0	0	0	0	0	0
	5.8 Reimbursements by uninsured plans and fiscal intermediaries	0	0	0	0	0	0	0	0	0	0
	5.9 Taxes, Licenses and Fees (in total, for tying purposes)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0
	5.10 Total (5.7 to 5.9)	0	0	0	0	0	0	0	0	0	0
	5.11 Total Fraud and Abuse Detection/Recovery Expenses included in Column 7 (informational only)	0	0	0	0	0	0	0	0	0	0
6.	Large Group Mini-Med Plans Expenses:										
	6.1 Salaries (including $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	6.2 Outsourced Services	0	0	0	0	0	0	0	0	0	0
	6.3 EDP Equipment and Software (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	6.4 Other Equipment (excl. EDP) (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	6.5 Accreditation and Certification (incl $ 0 for affiliated services)	0	XXX	XXX	XXX	XXX	0	0	0	0	0
	6.6 Other Expenses (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	6.7 Subtotal before Reimbursements and Taxes (Lines 6.1 to 6.6)	0	0	0	0	0	0	0	0	0	0
	6.8 Reimbursements by uninsured plans and fiscal intermediaries	0	0	0	0	0	0	0	0	0	0
	6.9 Taxes, Licenses and Fees (in total, for tying purposes)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0
	6.10 Total (6.7 to 6.9)	0	0	0	0	0	0	0	0	0	0
	6.11 Total Fraud and Abuse Detection/Recovery Expenses included in Column 7 (informational only)	0	0	0	0	0	0	0	0	0	0

SUPPLEMENT FOR THE YEAR 2018 OF THE UnitedHealthcare Insurance Company

SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 3 (Continued)

	All Expenses	Improving Health Care Quality Expenses						Claims Adjustment Expenses		9	10
		1 Improve Health Outcomes	2 Activities to Prevent Hospital Readmissions	3 Improve Patient Safety and Reduce Medical Errors	4 Wellness & Health Promotion Activities	5 HIT Expenses	6 Total (1 to 5)	7 Cost Containment Expenses	8 Other Claims Adjustment Expenses	General Administrative Expenses	Total Expenses (6 to 9)
7.	Small Group Expatriate Plans Expenses:										
	7.1 Salaries (including $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	7.2 Outsourced Services	0	0	0	0	0	0	0	0	0	0
	7.3 EDP Equipment and Software (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	7.4 Other Equipment (excl. EDP) (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	7.5 Accreditation and Certification (incl $ 0 for affiliated services)	0	XXX	XXX	XXX	XXX	0	0	0	0	0
	7.6 Other Expenses (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	7.7 Subtotal before Reimbursements and Taxes (Lines 7.1 to 7.6)	0	0	0	0	0	0	0	0	0	0
	7.8 Reimbursements by uninsured plans and fiscal intermediaries	0	0	0	0	0	0	0	0	0	0
	7.9 Taxes, Licenses and Fees (in total, for tying purposes)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0
	7.10 Total (7.7 to 7.9)	0	0	0	0	0	0	0	0	0	0
	7.11 Total Fraud and Abuse Detection/Recovery Expenses included in Column 7 (informational only)	0	0	0	0	0	0	0	0	0	0
8.	Large Group Expatriate Plans Expenses:										
	8.1 Salaries (including $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	8.2 Outsourced Services	0	0	0	0	0	0	0	0	0	0
	8.3 EDP Equipment and Software (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	8.4 Other Equipment (excl. EDP) (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	8.5 Accreditation and Certification (incl $ 0 for affiliated services)	0	XXX	XXX	XXX	XXX	0	0	0	0	0
	8.6 Other Expenses (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	8.7 Subtotal before Reimbursements and Taxes (Lines 8.1 to 8.6)	0	0	0	0	0	0	0	0	0	0
	8.8 Reimbursements by uninsured plans and fiscal intermediaries	0	0	0	0	0	0	0	0	0	0
	8.9 Taxes, Licenses and Fees (in total, for tying purposes)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0
	8.10 Total (8.7 to 8.9)	0	0	0	0	0	0	0	0	0	0
	8.11 Total Fraud and Abuse Detection/Recovery Expenses included in Column 7 (informational only)	0	0	0	0	0	0	0	0	0	0
9.	Student Health Plans Expenses:										
	9.1 Salaries (including $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	9.2 Outsourced Services	0	0	0	0	0	0	0	0	0	0
	9.3 EDP Equipment and Software (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	9.4 Other Equipment (excl. EDP) (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	9.5 Accreditation and Certification (incl $ 0 for affiliated services)	0	XXX	XXX	XXX	XXX	0	0	0	0	0
	9.6 Other Expenses (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	9.7 Subtotal before Reimbursements and Taxes (Lines 9.1 to 9.6)	0	0	0	0	0	0	0	0	0	0
	9.8 Reimbursements by uninsured plans and fiscal intermediaries	0	0	0	0	0	0	0	0	0	0
	9.9 Taxes, Licenses and Fees (in total, for tying purposes)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0
	9.10 Total (9.7 to 9.9)	0	0	0	0	0	0	0	0	0	0
	9.11 Total Fraud and Abuse Detection/Recovery Expenses included in Column 7 (informational only)	0	0	0	0	0	0	0	0	0	0

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SUPPLEMENT FOR THE YEAR 2018 OF THE UnitedHealthcare Insurance Company

SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 1

(To Be Filed by April 1 - Not for Rebate Purposes - See Cautionary Statement at http://www.naic.org/documents/committees_e_app_blanks_related_shce_cautionary_statement.pdf)

REPORT FOR: 1. CORPORATION UnitedHealthcare Insurance Company 2. 185 Asylum Street Hartford, CT 061033408 (LOCATION)

NAIC Group Code 0707 BUSINESS IN THE STATE OF Indiana DURING THE YEAR 2018 NAIC Company Code 79413

	Business Subject to MLR								9	10	11	12	13	14	15
	Comprehensive Health Coverage			Mini-Med Plans			Expatriate Plans								
	1 Individual	2 Small Group Employer	3 Large Group Employer	4 Individual	5 Small Group Employer	6 Large Group Employer	7 Small Group	8 Large Group	Student Health Plans	Government Business (excluded by statute)	Other Health Business	Medicare Advantage Part C and Medicare Part D Stand-Alone Subject to ACA	Subtotal (Cols. 1 through 12)	Uninsured Plans	Total 13 + 14
1. Premium:															
1.1 Health premiums earned (From Part 2, Line 1.11)	3,316,510	339,774,078	413,942,132	0	0	0	0	0	0	0	282,435,747	842,705,487	1,882,173,954	XXX	1,882,173,954
1.2 Federal high risk pools	0	0	0	0	0	0	0	0	0	0	0	0	0	XXX	0
1.3 State high risk pools	(205)	(25,069)	(55,725)	0	0	0	0	0	0	0	135,332	0	54,333	XXX	54,333
1.4 Premiums earned including state and federal high risk programs (Lines 1.1 + 1.2 + 1.3)	3,316,305	339,749,009	413,886,407	0	0	0	0	0	0	0	282,571,079	842,705,487	1,882,228,287	XXX	1,882,228,287
1.5 Federal taxes and federal assessments	172,935	10,872,750	8,927,921	0	0	0	0	0	0	0	4,492,665	38,718,260	63,184,531	0	63,184,531
1.6 State insurance, premium and other taxes (Similar local taxes of $ 195,862)	39,483	4,713,544	5,732,968	0	0	0	0	0	0	0	4,144,999	86,345	14,717,340	0	14,717,340
1.6a Community Benefit Expenditures (informational only)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
1.7 Regulatory authority licenses and fees	22	2,782	18,031	0	0	0	0	0	0	0	(58,722)	0	(37,887)	0	(37,887)
1.8 Adjusted Premiums Earned (Lines 1.4 - 1.5 - 1.6 - 1.7)	3,103,866	324,159,932	399,207,487	0	0	0	0	0	0	0	273,992,137	803,900,882	1,804,364,304	XXX	1,804,364,304
1.9 Net Assumed less Ceded reinsurance premiums earned	0	0	(45,273,741)	0	0	0	0	0	0	0	(430,019)	1,863,480	(43,840,280)	XXX	(43,840,280)
1.10 Other Adjustments due to MLR calculations - Premiums	0	112,205	(45,559)	0	0	0	0	0	0	0	9,167	927,417	1,003,229	XXX	1,003,229
1.11 Risk Revenue	0	0	0	0	0	0	0	0	0	0	0	0	0	XXX	0
1.12 Net adjusted premiums earned after reinsurance (Lines 1.8 + 1.9 + 1.10 + 1.11)	3,103,866	324,272,137	353,888,187	0	0	0	0	0	0	0	273,571,284	806,691,780	1,761,527,253	XXX	1,761,527,253
2. Claims:															
2.1 Incurred claims excluding prescription drugs	2,030,611	236,134,602	310,472,903	0	0	0	0	0	0	0	214,056,005	519,452,530	1,282,146,651	XXX	1,282,146,651
2.2 Prescription drugs	412,464	53,055,877	60,609,974	0	0	0	0	0	0	0	1,212,436	238,676,214	353,966,966	XXX	353,966,966
2.3 Pharmaceutical rebates	138,313	17,571,162	19,797,911	0	0	0	0	0	0	0	75,937	138,224,589	175,807,911	XXX	175,807,911
2.4 State stop loss, market stabilization and claim/census based assessments (informational only)	4	36,395	107,380	0	0	0	0	0	0	0	21	0	143,800	XXX	143,800
3. Incurred medical incentive pools and bonuses	0	58,108	116,222	0	0	0	0	0	0	0	0	9,632,613	9,806,943	XXX	9,806,943
4. Deductible Fraud and Abuse Detection/Recovery Expenses (for MLR use only)	1	55,531	14,565	0	0	0	0	0	0	0	0	55,407	125,504	0	125,504
5. 5.0 Total Incurred Claims (Lines 2.1 + 2.2 - 2.3 + 3) (From Part 2, Line 2.15)	2,304,762	271,677,426	351,401,188	0	0	0	0	0	0	0	215,192,505	629,536,768	1,470,112,649	XXX	1,470,112,649
5.1 Net Assumed less Ceded reinsurance claims incurred	0	0	(38,324,280)	0	0	0	0	0	0	0	151,590	0	(38,172,691)	XXX	(38,172,691)
5.2 Other Adjustments due to MLR calculations - Claims	0	(5,564)	0	0	0	0	0	0	0	0	0	0	(5,564)	XXX	(5,564)
5.3 Rebates paid	0	5,564	0	0	0	0	0	0	0	XXX	XXX	0	5,564	XXX	5,564
5.4 Estimated rebates unpaid prior year	0	0	0	0	0	0	0	0	0	XXX	XXX	0	0	XXX	0
5.5 Estimated rebates unpaid current year	0	0	0	0	0	0	0	0	0	XXX	XXX	0	0	XXX	0
5.6 Fee for service and co-pay revenue	0	0	0	0	0	0	0	0	0	0	0	0	0	XXX	0
5.7 Net incurred claims after reinsurance (Lines 5.0 + 5.1 + 5.2 + 5.3 - 5.4 + 5.5 - 5.6)	2,304,762	271,677,426	313,076,908	0	0	0	0	0	0	0	215,344,094	629,536,768	1,431,939,959	XXX	1,431,939,959
6. Improving Health Care Quality Expenses Incurred:															
6.1 Improve health outcomes	26,532	2,718,193	3,311,537	0	0	0	0	0	0	0	859,351	5,727,700	12,643,312	0	12,643,312
6.2 Activities to prevent hospital readmissions	0	0	0	0	0	0	0	0	0	0	381,554	1,382,195	1,763,749	0	1,763,749
6.3 Improve patient safety and reduce medical errors	0	0	0	0	0	0	0	0	0	0	292,519	1,256,939	1,549,459	0	1,549,459
6.4 Wellness and health promotion activities	0	0	0	0	0	0	0	0	0	0	1,862,211	2,291,608	4,153,819	0	4,153,819
6.5 Health Information Technology expenses related to health improvement	0	0	0	0	0	0	0	0	0	0	157,623	2,304,855	2,462,478	0	2,462,478
6.6 Total of Defined Expenses Incurred for Improving Health Care Quality (Lines 6.1+6.2+6.3+6.4+6.5)	26,532	2,718,193	3,311,537	0	0	0	0	0	0	0	3,553,257	12,963,297	22,572,816	0	22,572,816
7. Preliminary Medical Loss Ratio: MLR ((Lines 4 + 5.0 + 6.6 - Footnote 2.0)/Line 1.8	0.751	0.847	0.889	0.000	0.000	0.000	0.000	0.000	0.000	XXX	XXX	0.799	XXX	XXX	XXX
8. Claims Adjustment Expenses:															
8.1 Cost containment expenses not included in quality of care expenses in Line 6.6	26,969	3,437,022	4,295,057	0	0	0	0	0	0	0	351,372	6,687,040	14,797,460	0	14,797,460
8.2 All other claims adjustment expenses	44,924	5,162,477	6,029,210	0	0	0	0	0	0	0	3,829,080	14,451,535	29,517,226	0	29,517,226
8.3 Total claims adjustment expenses (Lines 8.1 + 8.2)	71,893	8,599,499	10,324,267	0	0	0	0	0	0	0	4,180,452	21,138,576	44,314,687	0	44,314,687
9. Claims Adjustment Expense Ratio (Line 8.3/Line 1.8)	0.023	0.027	0.026	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.015	0.026	XXX	XXX	XXX

SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 1 (Continued)

	Business Subject to MLR									10	11	12	13	14	15
	Comprehensive Health Coverage			Mini-Med Plans			Expatriate Plans		9						
	1 Individual	2 Small Group Employer	3 Large Group Employer	4 Individual	5 Small Group Employer	6 Large Group Employer	7 Small Group	8 Large Group	Student Health Plans	Government Business (excluded by statute)	Other Health Business	Medicare Advantage Part C and Medicare Part D Stand-Alone Subject to ACA	Subtotal (Cols. 1 through 12)	Uninsured Plans	Total 13 + 14
10. General and Administrative (G&A) Expenses:															
10.1 Direct sales salaries and benefits	9,580	1,169,643	1,739,910	0	0	0	0	0	0	0	532,969	1,454,003	4,906,105	0	4,906,105
10.2 Agents and brokers fees and commissions	69,244	10,247,186	12,950,324	0	0	0	0	0	0	0	10,550,545	15,689,010	49,506,310	0	49,506,310
10.3 Other taxes (excluding taxes on Lines 1.5 through 1.7 and Line 14 below)	(3,401)	397,867	536,935	0	0	0	0	0	0	0	474,856	1,153,609	2,559,866	0	2,559,866
10.4 Other general and administrative expenses	110,311	15,051,618	11,801,005	0	0	0	0	0	0	0	24,985,442	39,727,428	91,675,804	0	91,675,804
10.4a Community Benefit Expenditures (informational only)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
10.5 Total general and administrative (Lines 10.1 +10.2 + 10.3 + 10.4)	185,734	26,866,314	27,028,174	0	0	0	0	0	0	0	36,543,812	58,024,051	148,648,085	0	148,648,085
11. Underwriting Gain/(Loss) (Lines 1.12 - 5.7 - 6.6 - 8.3 - 10.5)	514,945	14,410,706	147,301	0	0	0	0	0	0	0	13,949,668	85,029,087	114,051,707	XXX	114,051,707
12. Income from fees of uninsured plans	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0
13. Net investment and other gain/(loss)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	27,225,728	XXX	27,225,728
14. Federal income taxes (excluding taxes on Line 1.5 above)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1,579,563	XXX	1,579,563
15. Net gain or (loss) (Lines 11 + 12 + 13 - 14)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	139,697,872	XXX	139,697,872
16. ICD-10 Implementation Expenses (informational only; already included in general expenses and line 10.4)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
16. 16a ICD-10 Implementation Expenses (informational only; already included in line 10.4)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
OTHER INDICATORS:															
1. Number of certificates/policies	227	32,233	41,191	0	0	0	0	0	0	0	228,506	156,426	458,583	0	458,583
2. Number of Covered Lives	465	55,670	72,711	0	0	0	0	0	0	0	344,322	156,426	629,594	0	629,594
3. Number of Groups	XXX	5,200	1,080	XXX	0	0	0	0	0	0	4,006	7	10,293	0	10,293
4. Member Months	5,361	655,858	965,589	0	0	0	0	0	0	0	4,053,980	1,892,921	7,573,709	0	7,573,709

Is run off business reported in Columns 1 through 9 or 12? Yes [ ] No [ ] If yes, show the amount of premiums and claims included. Premiums $ 0 Claims $ 0

216-2.IN

AFFORDABLE CARE ACT (ACA) RECEIPTS, PAYMENTS, RECEIVABLES and PAYABLES

	Current Year Comprehensive Health Coverage		Prior Year Comprehensive Health Coverage	
	1 Individual Plans	2 Small Group Employer Plans	3 Individual Plans	4 Small Group Employer Plans
ACA Receivables and Payables				
1. Permanent ACA Risk Adjustment Program 1.0 Premium adjustments receivable/(payable)	419,130	(2,012,766)	63,499	(10,329,612)
2. Transitional ACA Reinsurance Program 2.0 Total amounts recoverable for claims (paid & unpaid)	0	XXX	0	XXX
3. Temporary ACA Risk Corridors Program 3.1 Accrued retrospective premium	0	0	0	0
3.2 Reserve for rate credits or policy experience refunds	0	0	0	0
ACA Receipts and Payments				
4. Permanent ACA Risk Adjustment Program 4.0 Premium adjustments receipts/(payments)	256,384	(6,374,828)	589,387	(11,269,234)
5. Transitional ACA Reinsurance Program 5.0 Amounts received for claims	0	XXX	0	XXX
6. Temporary ACA Risk Corridors Program 6.1 Retrospective premium received	0	0	0	0
6.2 Rate credits or policy experience refunds paid	0	0	0	0

SUPPLEMENT FOR THE YEAR 2018 OF THE UnitedHealthcare Insurance Company

SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 2

(To Be Filed by April 1 - Not for Rebate Purposes)

REPORT FOR: 1. CORPORATION UnitedHealthcare Insurance Company 2. 185 Asylum Street Hartford, CT 061033408 (LOCATION)

NAIC Group Code 0707 BUSINESS IN THE STATE OF Indiana DURING THE YEAR 2018 NAIC Company Code 79413

	Business Subject to MLR												
	Comprehensive Health Coverage			Mini-Med Plans			Expatriate Plans:		9	10	11	12	13
	1 Individual	2 Small Group Employer	3 Large Group Employer	4 Individual	5 Small Group Employer	6 Large Group Employer	7 Small Group	8 Large Group	Student Health Plans	Government Business (excluded by statute)	Other Health Business	Medicare Advantage Part C and Medicare Part D Stand-Alone Subject to ACA	Total (a)
1. Health Premiums Earned:													
1.1 Direct premiums written	3,316,510	339,922,978	413,896,574	0	0	0	0	0	0	0	282,448,778	843,632,904	1,883,217,744
1.2 Unearned premium prior year	0	64,747	0	0	0	0	0	0	0	0	8,392	0	73,138
1.3 Unearned premium current year	0	101,442	0	0	0	0	0	0	0	0	12,256	0	113,699
1.4 Change in unearned premium (Lines 1.2 - 1.3)	0	(36,696)	0	0	0	0	0	0	0	0	(3,865)	0	(40,560)
1.5 Paid rate credits	8	5,564	(8)	0	0	0	0	0	0	0	1,284,906	1,656,849	2,947,318
1.6 Reserve for rate credits current year	0	0	1,132,286	0	0	0	0	0	0	0	1,060,451	(195,023)	1,997,713
1.7 Reserve for rate credits prior year	0	0	0	0	0	0	0	0	0	0	1,211,607	5,613,485	6,825,091
1.8 Change in reserve for rate credits (Lines 1.6 - 1.7)	0	0	1,132,286	0	0	0	0	0	0	0	(151,156)	(5,808,508)	(4,827,378)
1.9 Premium balances written off	0	112,205	(45,559)	0	0	0	0	0	0	0	9,167	927,417	1,003,229
1.10 Group conversion charge	0	0	0	0	0	0	0	0	0	0	0	0	0
1.11 Total direct premiums earned (Lines 1.1 + 1.4 - 1.9 + 1.10)	3,316,510	339,774,078	413,942,132	0	0	0	0	0	0	0	282,435,747	842,705,487	1,882,173,954
1.12 Assumed premiums earned from non-affiliates	0	0	0	0	0	0	0	0	0	0	0	0	0
1.13 Net Assumed less Ceded premiums earned from affiliates	0	0	0	0	0	0	0	0	0	0	0	1,863,480	1,863,480
1.14 Ceded premiums earned to non-affiliates	0	0	45,273,741	0	0	0	0	0	0	0	430,019	0	45,703,760
1.15 Other Adjustments due to MLR calculation - Premiums	0	112,205	(45,559)	0	0	0	0	0	0	0	9,167	927,417	1,003,229
1.16 Net premiums earned (Lines 1.11 - 1.5 - 1.8 + 1.12 + 1.13 - 1.14 + 1.15)	3,316,502	339,880,719	367,490,555	0	0	0	0	0	0	0	280,881,145	849,648,043	1,841,216,964
2. Direct Claims Incurred:													
2.1 Paid claims during the year	2,305,501	258,677,467	344,589,733	0	0	0	0	0	0	0	216,042,603	632,781,999	1,454,397,302
2.2 Direct claim liability current year	213,034	44,672,422	43,581,153	0	0	0	0	0	0	0	35,858,190	72,716,152	197,040,951
2.3 Direct claim liability prior year	213,781	32,024,267	37,083,227	0	0	0	0	0	0	0	35,138,821	75,003,023	179,463,118
2.4 Direct claim reserves current year	0	1,047,519	1,007,895	0	0	0	0	0	0	0	10,207,933	102,590	12,365,937
2.5 Direct claim reserves prior year	0	778,906	795,238	0	0	0	0	0	0	0	12,913,774	88,691	14,576,609
2.6 Direct contract reserves current year	0	0	0	0	0	0	0	0	0	0	373,039	0	373,039
2.7 Direct contract reserves prior year	0	0	0	0	0	0	0	0	0	0	368,889	0	368,890
2.8 Paid rate credits	8	5,564	(8)	0	0	0	0	0	0	0	1,284,906	1,656,849	2,947,318
2.9 Reserve for rate credits current year	0	0	1,132,286	0	0	0	0	0	0	0	1,060,451	(195,023)	1,997,713
2.10 Reserve for rate credits prior year	0	0	0	0	0	0	0	0	0	0	1,211,607	5,613,485	6,825,091
2.11 Incurred medical incentive pools and bonuses (Lines 2.11a + 2.11b - 2.11c)	0	58,108	116,222	0	0	0	0	0	0	0	0	9,632,613	9,806,943
2.11a Paid medical incentive pools and bonuses current year	0	10,472	46,969	0	0	0	0	0	0	0	0	10,627,219	10,684,660
2.11b Accrued medical incentive pools and bonuses current year	0	189,915	415,473	0	0	0	0	0	0	0	0	9,921,642	10,527,029
2.11c Accrued medical incentive pools and bonuses prior year	0	142,278	346,220	0	0	0	0	0	0	0	0	10,916,248	11,404,746
2.12 Net healthcare receivables (Lines 2.12a - 2.12b)	0	(19,519)	1,147,627	0	0	0	0	0	0	0	1,526	6,453,213	7,582,847
2.12a Healthcare receivables current year	0	7,576,446	7,659,618	0	0	0	0	0	0	0	25,507	69,357,476	84,619,046
2.12b Healthcare receivables prior year	0	7,595,964	6,511,991	0	0	0	0	0	0	0	23,981	62,904,262	77,036,199
2.13 Group conversion charge	0	0	0	0	0	0	0	0	0	0	0	0	0
2.14 Multi-option coverage blended rate adjustment	0	0	0	0	0	0	0	0	0	0	0	0	0
2.15 Total incurred claims (Lines 2.1 + 2.2 - 2.3 + 2.4 - 2.5 + 2.6 - 2.7 + 2.8 + 2.9 - 2.10 + 2.11 - 2.12 + 2.13 + 2.14)	2,304,762	271,677,426	351,401,188	0	0	0	0	0	0	0	215,192,505	629,536,768	1,470,112,649
2.16 Assumed incurred claims from non-affiliates	0	0	0	0	0	0	0	0	0	0	0	0	0
2.17 Net assumed less ceded incurred claims from affiliates	0	0	0	0	0	0	0	0	0	0	0	0	0
2.18 Ceded incurred claims to non-affiliates	0	0	38,324,280	0	0	0	0	0	0	0	(151,590)	0	38,172,691
2.19 Other adjustments due to MLR calculation - Claims	0	0	0	0	0	0	0	0	0	0	0	0	0
2.20 Net Incurred Claims (Lines 2.15 - 2.8 - 2.9 + 2.10 + 2.16 + 2.17 - 2.18 + 2.19)	2,304,754	271,671,862	311,944,630	0	0	0	0	0	0	0	214,210,345	633,688,427	1,433,820,018
3. Fraud and Abuse Recoveries that Reduced PAID Claims in Line 2.1 above (informational only)	1	55,531	14,565	0	0	0	0	0	0	0	0	55,407	125,504

(a) Column 13, Line 1.1 includes direct written premium of $ 14,394,141 for stand-alone dental and $ 7,312,131 for stand-alone vision policies.

SUPPLEMENT FOR THE YEAR 2018 OF THE UnitedHealthcare Insurance Company

SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 3

(To Be Filed by April 1 - Not for Rebate Purposes)

REPORT FOR: 1. CORPORATION UnitedHealthcare Insurance Company 2. 185 Asylum Street Hartford, CT 061033408 (LOCATION)

NAIC Group Code 0707 BUSINESS IN THE STATE OF Indiana DURING THE YEAR 2018 NAIC Company Code 79413

	All Expenses	Improving Health Care Quality Expenses						Claims Adjustment Expenses		9	10
		1 Improve Health Outcomes	2 Activities to Prevent Hospital Readmissions	3 Improve Patient Safety and Reduce Medical Errors	4 Wellness & Health Promotion Activities	5 HIT Expenses	6 Total (1 to 5)	7 Cost Containment Expenses	8 Other Claims Adjustment Expenses	General Administrative Expenses	Total Expenses (6 to 9)
1.	Individual Comprehensive Coverage Expenses:										
	1.1 Salaries (including $ 62,318 for affiliated services)	0	0	0	0	0	0	7,574	12,783	41,960	62,318
	1.2 Outsourced Services	0	0	0	0	0	0	864	1,465	3,751	6,080
	1.3 EDP Equipment and Software (incl $ 4,433 for affiliated services)	0	0	0	0	0	0	632	1,067	2,733	4,433
	1.4 Other Equipment (excl. EDP) (incl $ 425 for affiliated services)	0	0	0	0	0	0	61	102	262	425
	1.5 Accreditation and Certification (incl $ 46 for affiliated services)	0	XXX	XXX	XXX	XXX	0	7	11	28	46
	1.6 Other Expenses (incl $ 140,530 for affiliated services)	26,532	0	0	0	0	26,532	16,942	28,591	139,724	211,789
	1.7 Subtotal before Reimbursements and Taxes (Lines 1.1 to 1.6)	26,532	0	0	0	0	26,532	26,080	44,020	188,458	285,091
	1.8 Reimbursements by uninsured plans and fiscal intermediaries	0	0	0	0	0	0	(5)	(47)	0	(52)
	1.9 Taxes, Licenses and Fees (in total, for tying purposes)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	38,625	38,625
	1.10 Total (1.7 to 1.9)	26,532	0	0	0	0	26,532	26,076	43,973	227,083	323,664
	1.11 Total Fraud and Abuse Detection/Recovery Expenses included in Column 7 (informational only)	0	0	0	0	0	0	7,707	0	0	7,707
2.	Small Group Comprehensive Coverage Expenses:										
	2.1 Salaries (including $ 10,828,587 for affiliated services)	0	0	0	0	0	0	1,329,232	2,116,269	7,383,086	10,828,587
	2.2 Outsourced Services	0	0	0	0	0	0	255,476	242,529	724,808	1,222,814
	2.3 EDP Equipment and Software (incl $ 766,964 for affiliated services)	0	0	0	0	0	0	110,997	176,718	479,248	766,964
	2.4 Other Equipment (excl. EDP) (incl $ 73,620 for affiliated services)	0	0	0	0	0	0	10,654	16,963	46,002	73,620
	2.5 Accreditation and Certification (incl $ 7,994 for affiliated services)	0	XXX	XXX	XXX	XXX	0	1,157	1,842	4,995	7,994
	2.6 Other Expenses (incl $ 13,796,321 for affiliated services)	2,718,193	0	0	0	0	2,718,193	1,620,352	2,491,477	17,747,588	24,577,609
	2.7 Subtotal before Reimbursements and Taxes (Lines 2.1 to 2.6)	2,718,193	0	0	0	0	2,718,193	3,327,869	5,045,797	26,385,728	37,477,587
	2.8 Reimbursements by uninsured plans and fiscal intermediaries	0	0	0	0	0	0	60	582	5	647
	2.9 Taxes, Licenses and Fees (in total, for tying purposes)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	5,422,097	5,422,097
	2.10 Total (2.7 to 2.9)	2,718,193	0	0	0	0	2,718,193	3,327,929	5,046,378	31,807,831	42,900,331
	2.11 Total Fraud and Abuse Detection/Recovery Expenses included in Column 7 (informational only)	0	0	0	0	0	0	942,028	0	0	942,028
3.	Large Group Comprehensive Coverage Expenses:										
	3.1 Salaries (including $ 5,772,977 for affiliated services)	0	0	0	0	0	0	738,867	1,062,905	3,971,205	5,772,977
	3.2 Outsourced Services	0	0	0	0	0	0	207,767	121,811	380,901	710,478
	3.3 EDP Equipment and Software (incl $ 385,120 for affiliated services)	0	0	0	0	0	0	61,699	88,758	234,664	385,120
	3.4 Other Equipment (excl. EDP) (incl $ 36,967 for affiliated services)	0	0	0	0	0	0	5,922	8,520	22,525	36,967
	3.5 Accreditation and Certification (incl $ 4,014 for affiliated services)	0	XXX	XXX	XXX	XXX	0	643	925	2,446	4,014
	3.6 Other Expenses (incl $ 23,620,744 for affiliated services)	3,311,537	0	0	0	0	3,311,537	3,142,052	4,618,957	21,762,632	32,835,179
	3.7 Subtotal before Reimbursements and Taxes (Lines 3.1 to 3.6)	3,311,537	0	0	0	0	3,311,537	4,156,950	5,901,875	26,374,372	39,744,735
	3.8 Reimbursements by uninsured plans and fiscal intermediaries	0	0	0	0	0	0	(56)	(535)	(5)	(596)
	3.9 Taxes, Licenses and Fees (in total, for tying purposes)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	6,670,839	6,670,839
	3.10 Total (3.7 to 3.9)	3,311,537	0	0	0	0	3,311,537	4,156,895	5,901,340	33,045,206	46,414,978
	3.11 Total Fraud and Abuse Detection/Recovery Expenses included in Column 7 (informational only)	0	0	0	0	0	0	1,249,753	0	0	1,249,753

SUPPLEMENT FOR THE YEAR 2018 OF THE UnitedHealthcare Insurance Company

SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 3 (Continued)

	All Expenses	Improving Health Care Quality Expenses						Claims Adjustment Expenses		9	10
		1 Improve Health Outcomes	2 Activities to Prevent Hospital Readmissions	3 Improve Patient Safety and Reduce Medical Errors	4 Wellness & Health Promotion Activities	5 HIT Expenses	6 Total (1 to 5)	7 Cost Containment Expenses	8 Other Claims Adjustment Expenses	General Administrative Expenses	Total Expenses (6 to 9)
4.	Individual Mini-Med Plans Expenses:										
	4.1 Salaries (including $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	4.2 Outsourced Services	0	0	0	0	0	0	0	0	0	0
	4.3 EDP Equipment and Software (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	4.4 Other Equipment (excl. EDP) (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	4.5 Accreditation and Certification (incl $ 0 for affiliated services)	0	XXX	XXX	XXX	XXX	0	0	0	0	0
	4.6 Other Expenses (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	4.7 Subtotal before Reimbursements and Taxes (Lines 4.1 to 4.6)	0	0	0	0	0	0	0	0	0	0
	4.8 Reimbursements by uninsured plans and fiscal intermediaries	0	0	0	0	0	0	0	0	0	0
	4.9 Taxes, Licenses and Fees (in total, for tying purposes)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0
	4.10 Total (4.7 to 4.9)	0	0	0	0	0	0	0	0	0	0
	4.11 Total Fraud and Abuse Detection/Recovery Expenses included in Column 7 (informational only)	0	0	0	0	0	0	0	0	0	0
5.	Small Group Mini-Med Plans Expenses:										
	5.1 Salaries (including $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	5.2 Outsourced Services	0	0	0	0	0	0	0	0	0	0
	5.3 EDP Equipment and Software (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	5.4 Other Equipment (excl. EDP) (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	5.5 Accreditation and Certification (incl $ 0 for affiliated services)	0	XXX	XXX	XXX	XXX	0	0	0	0	0
	5.6 Other Expenses (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	5.7 Subtotal before Reimbursements and Taxes (Lines 5.1 to 5.6)	0	0	0	0	0	0	0	0	0	0
	5.8 Reimbursements by uninsured plans and fiscal intermediaries	0	0	0	0	0	0	0	0	0	0
	5.9 Taxes, Licenses and Fees (in total, for tying purposes)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0
	5.10 Total (5.7 to 5.9)	0	0	0	0	0	0	0	0	0	0
	5.11 Total Fraud and Abuse Detection/Recovery Expenses included in Column 7 (informational only)	0	0	0	0	0	0	0	0	0	0
6.	Large Group Mini-Med Plans Expenses:										
	6.1 Salaries (including $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	6.2 Outsourced Services	0	0	0	0	0	0	0	0	0	0
	6.3 EDP Equipment and Software (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	6.4 Other Equipment (excl. EDP) (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	6.5 Accreditation and Certification (incl $ 0 for affiliated services)	0	XXX	XXX	XXX	XXX	0	0	0	0	0
	6.6 Other Expenses (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	6.7 Subtotal before Reimbursements and Taxes (Lines 6.1 to 6.6)	0	0	0	0	0	0	0	0	0	0
	6.8 Reimbursements by uninsured plans and fiscal intermediaries	0	0	0	0	0	0	0	0	0	0
	6.9 Taxes, Licenses and Fees (in total, for tying purposes)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0
	6.10 Total (6.7 to 6.9)	0	0	0	0	0	0	0	0	0	0
	6.11 Total Fraud and Abuse Detection/Recovery Expenses included in Column 7 (informational only)	0	0	0	0	0	0	0	0	0	0

SUPPLEMENT FOR THE YEAR 2018 OF THE UnitedHealthcare Insurance Company

SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 3 (Continued)

	All Expenses	Improving Health Care Quality Expenses						Claims Adjustment Expenses		9	10
		1 Improve Health Outcomes	2 Activities to Prevent Hospital Readmissions	3 Improve Patient Safety and Reduce Medical Errors	4 Wellness & Health Promotion Activities	5 HIT Expenses	6 Total (1 to 5)	7 Cost Containment Expenses	8 Other Claims Adjustment Expenses	General Administrative Expenses	Total Expenses (6 to 9)
7.	Small Group Expatriate Plans Expenses:										
	7.1 Salaries (including $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	7.2 Outsourced Services	0	0	0	0	0	0	0	0	0	0
	7.3 EDP Equipment and Software (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	7.4 Other Equipment (excl. EDP) (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	7.5 Accreditation and Certification (incl $ 0 for affiliated services)	0	XXX	XXX	XXX	XXX	0	0	0	0	0
	7.6 Other Expenses (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	7.7 Subtotal before Reimbursements and Taxes (Lines 7.1 to 7.6)	0	0	0	0	0	0	0	0	0	0
	7.8 Reimbursements by uninsured plans and fiscal intermediaries	0	0	0	0	0	0	0	0	0	0
	7.9 Taxes, Licenses and Fees (in total, for tying purposes)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0
	7.10 Total (7.7 to 7.9)	0	0	0	0	0	0	0	0	0	0
	7.11 Total Fraud and Abuse Detection/Recovery Expenses included in Column 7 (informational only)	0	0	0	0	0	0	0	0	0	0
8.	Large Group Expatriate Plans Expenses:										
	8.1 Salaries (including $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	8.2 Outsourced Services	0	0	0	0	0	0	0	0	0	0
	8.3 EDP Equipment and Software (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	8.4 Other Equipment (excl. EDP) (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	8.5 Accreditation and Certification (incl $ 0 for affiliated services)	0	XXX	XXX	XXX	XXX	0	0	0	0	0
	8.6 Other Expenses (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	8.7 Subtotal before Reimbursements and Taxes (Lines 8.1 to 8.6)	0	0	0	0	0	0	0	0	0	0
	8.8 Reimbursements by uninsured plans and fiscal intermediaries	0	0	0	0	0	0	0	0	0	0
	8.9 Taxes, Licenses and Fees (in total, for tying purposes)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0
	8.10 Total (8.7 to 8.9)	0	0	0	0	0	0	0	0	0	0
	8.11 Total Fraud and Abuse Detection/Recovery Expenses included in Column 7 (informational only)	0	0	0	0	0	0	0	0	0	0
9.	Student Health Plans Expenses:										
	9.1 Salaries (including $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	9.2 Outsourced Services	0	0	0	0	0	0	0	0	0	0
	9.3 EDP Equipment and Software (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	9.4 Other Equipment (excl. EDP) (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	9.5 Accreditation and Certification (incl $ 0 for affiliated services)	0	XXX	XXX	XXX	XXX	0	0	0	0	0
	9.6 Other Expenses (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	9.7 Subtotal before Reimbursements and Taxes (Lines 9.1 to 9.6)	0	0	0	0	0	0	0	0	0	0
	9.8 Reimbursements by uninsured plans and fiscal intermediaries	0	0	0	0	0	0	0	0	0	0
	9.9 Taxes, Licenses and Fees (in total, for tying purposes)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0
	9.10 Total (9.7 to 9.9)	0	0	0	0	0	0	0	0	0	0
	9.11 Total Fraud and Abuse Detection/Recovery Expenses included in Column 7 (informational only)	0	0	0	0	0	0	0	0	0	0

SUPPLEMENT FOR THE YEAR 2018 OF THE UnitedHealthcare Insurance Company

SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 1

(To Be Filed by April 1 - Not for Rebate Purposes - See Cautionary Statement at http://www.naic.org/documents/committees_e_app_blanks_related_shce_cautionary_statement.pdf)

REPORT FOR: 1. CORPORATION UnitedHealthcare Insurance Company 2. 185 Asylum Street Hartford, CT 061033408 (LOCATION)

NAIC Group Code 0707 BUSINESS IN THE STATE OF Iowa DURING THE YEAR 2018 NAIC Company Code 79413

	Business Subject to MLR									10	11	12	13	14	15
	Comprehensive Health Coverage			Mini-Med Plans			Expatriate Plans		9						
	1 Individual	2 Small Group Employer	3 Large Group Employer	4 Individual	5 Small Group Employer	6 Large Group Employer	7 Small Group	8 Large Group	Student Health Plans	Government Business (excluded by statute)	Other Health Business	Medicare Advantage Part C and Medicare Part D Stand-Alone Subject to ACA	Subtotal (Cols. 1 through 12)	Uninsured Plans	Total 13 + 14
1. Premium:															
1.1 Health premiums earned (From Part 2, Line 1.11)	380,886	69,840,283	128,197,419	0	0	0	0	0	0	0	48,391,157	26,885,403	273,695,148	XXX	273,695,148
1.2 Federal high risk pools	0	0	0	0	0	0	0	0	0	0	0	0	0	XXX	0
1.3 State high risk pools	(2,632)	(363,431)	(344,182)	0	0	0	0	0	0	0	9,614	0	(700,632)	XXX	(700,632)
1.4 Premiums earned including state and federal high risk programs (Lines 1.1 + 1.2 + 1.3)	378,254	69,476,852	127,853,237	0	0	0	0	0	0	0	48,400,771	26,885,403	272,994,517	XXX	272,994,517
1.5 Federal taxes and federal assessments	14,945	2,204,677	4,852,673	0	0	0	0	0	0	548,498	401,791	1,981,633	10,004,216	0	10,004,216
1.6 State insurance, premium and other taxes (Similar local taxes of $ 33,183)	1,746	520,734	620,561	0	0	0	0	0	0	0	1,458,535	3,292	2,604,867	0	2,604,867
1.6a Community Benefit Expenditures (informational only)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
1.7 Regulatory authority licenses and fees	10	1,374	2,856	0	0	0	0	0	0	0	(9,265)	0	(5,025)	0	(5,025)
1.8 Adjusted Premiums Earned (Lines 1.4 - 1.5 - 1.6 - 1.7)	361,554	66,750,068	122,377,147	0	0	0	0	0	0	(548,498)	46,549,710	24,900,478	260,390,458	XXX	260,390,458
1.9 Net Assumed less Ceded reinsurance premiums earned	263	49,044	(17,467,720)	0	0	0	0	0	0	3,037,461	(78,006)	481,705	(13,977,253)	XXX	(13,977,253)
1.10 Other Adjustments due to MLR calculations - Premiums	0	12,063	65,834	0	0	0	0	0	0	0	1,919	167,931	247,747	XXX	247,747
1.11 Risk Revenue	0	0	0	0	0	0	0	0	0	0	0	0	0	XXX	0
1.12 Net adjusted premiums earned after reinsurance (Lines 1.8 + 1.9 + 1.10 + 1.11)	361,817	66,811,175	104,975,260	0	0	0	0	0	0	2,488,963	46,473,623	25,550,114	246,660,952	XXX	246,660,952
2. Claims:															
2.1 Incurred claims excluding prescription drugs	228,218	45,059,903	87,873,459	0	0	0	0	0	0	45,330	36,410,901	(108,124)	169,509,687	XXX	169,509,687
2.2 Prescription drugs	14,855	10,328,720	21,073,544	0	0	0	0	0	0	0	519,062	35,433,247	67,369,427	XXX	67,369,427
2.3 Pharmaceutical rebates	5,094	3,409,435	7,020,340	0	0	0	0	0	0	0	10,720	21,440,954	31,886,543	XXX	31,886,543
2.4 State stop loss, market stabilization and claim/census based assessments (informational only)	0	25,907	10,491	0	0	0	0	0	0	0	0	0	36,399	XXX	36,399
3. Incurred medical incentive pools and bonuses	0	301,667	641,906	0	0	0	0	0	0	0	0	0	943,573	XXX	943,573
4. Deductible Fraud and Abuse Detection/Recovery Expenses (for MLR use only)	0	11,284	9,210	0	0	0	0	0	0	0	0	0	20,494	0	20,494
5. 5.0 Total Incurred Claims (Lines 2.1 + 2.2 - 2.3 + 3) (From Part 2, Line 2.15)	237,978	52,280,854	102,568,569	0	0	0	0	0	0	45,330	36,919,243	13,884,169	205,936,144	XXX	205,936,144
5.1 Net Assumed less Ceded reinsurance claims incurred	0	0	(13,913,909)	0	0	0	0	0	0	239,236	(148,414)	0	(13,823,087)	XXX	(13,823,087)
5.2 Other Adjustments due to MLR calculations - Claims	0	0	0	0	0	0	0	0	0	0	0	0	0	XXX	0
5.3 Rebates paid	0	0	0	0	0	0	0	0	0	XXX	XXX	0	0	XXX	0
5.4 Estimated rebates unpaid prior year	0	0	0	0	0	0	0	0	0	XXX	XXX	0	0	XXX	0
5.5 Estimated rebates unpaid current year	0	0	0	0	0	0	0	0	0	XXX	XXX	0	0	XXX	0
5.6 Fee for service and co-pay revenue	0	0	0	0	0	0	0	0	0	0	0	0	0	XXX	0
5.7 Net incurred claims after reinsurance (Lines 5.0 + 5.1 + 5.2 + 5.3 - 5.4 + 5.5 - 5.6)	237,978	52,280,854	88,654,660	0	0	0	0	0	0	284,565	36,770,830	13,884,169	192,113,057	XXX	192,113,057
6. Improving Health Care Quality Expenses Incurred:															
6.1 Improve health outcomes	3,047	558,722	1,025,579	0	0	0	0	0	0	0	192,207	38,319	1,817,875	0	1,817,875
6.2 Activities to prevent hospital readmissions	0	0	0	0	0	0	0	0	0	0	118,219	10,679	128,898	0	128,898
6.3 Improve patient safety and reduce medical errors	0	0	0	0	0	0	0	0	0	0	90,804	84,416	175,220	0	175,220
6.4 Wellness and health promotion activities	0	0	0	0	0	0	0	0	0	0	308,425	(14,799)	293,626	0	293,626
6.5 Health Information Technology expenses related to health improvement	0	0	0	0	0	0	0	0	0	0	38,369	81,691	120,059	0	120,059
6.6 Total of Defined Expenses Incurred for Improving Health Care Quality (Lines 6.1+6.2+6.3+6.4+6.5)	3,047	558,722	1,025,579	0	0	0	0	0	0	0	748,024	200,305	2,535,678	0	2,535,678
7. Preliminary Medical Loss Ratio: MLR ((Lines 4 + 5.0 + 6.6 - Footnote 2.0)/Line 1.8	0.667	0.792	0.847	0.000	0.000	0.000	0.000	0.000	0.000	XXX	XXX	0.566	XXX	XXX	XXX
8. Claims Adjustment Expenses:															
8.1 Cost containment expenses not included in quality of care expenses in Line 6.6	6,264	884,634	1,420,436	0	0	0	0	0	0	0	112,313	120,345	2,543,992	0	2,543,992
8.2 All other claims adjustment expenses	10,244	1,323,705	1,996,709	0	0	0	0	0	0	0	785,776	1,715,873	5,832,308	0	5,832,308
8.3 Total claims adjustment expenses (Lines 8.1 + 8.2)	16,508	2,208,339	3,417,145	0	0	0	0	0	0	0	898,089	1,836,219	8,376,300	0	8,376,300
9. Claims Adjustment Expense Ratio (Line 8.3/Line 1.8)	0.046	0.033	0.028	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.019	0.074	XXX	XXX	XXX

SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 1 (Continued)

	Business Subject to MLR									10	11	12	13	14	15
	Comprehensive Health Coverage			Mini-Med Plans			Expatriate Plans		9						
	1 Individual	2 Small Group Employer	3 Large Group Employer	4 Individual	5 Small Group Employer	6 Large Group Employer	7 Small Group	8 Large Group	Student Health Plans	Government Business (excluded by statute)	Other Health Business	Medicare Advantage Part C and Medicare Part D Stand-Alone Subject to ACA	Subtotal (Cols. 1 through 12)	Uninsured Plans	Total 13 + 14
10. General and Administrative (G&A) Expenses:															
10.1 Direct sales salaries and benefits	2,227	297,545	583,023	0	0	0	0	0	0	0	118,451	55,446	1,056,692	0	1,056,692
10.2 Agents and brokers fees and commissions	23,568	3,394,357	838,672	0	0	0	0	0	0	0	2,150,387	83,177	6,490,161	0	6,490,161
10.3 Other taxes (excluding taxes on Lines 1.5 through 1.7 and Line 14 below)	(801)	89,886	183,505	0	0	0	0	0	0	0	91,072	64,291	427,953	0	427,953
10.4 Other general and administrative expenses	26,272	3,667,648	4,058,385	0	0	0	0	0	0	0	4,456,525	1,947,957	14,156,787	0	14,156,787
10.4a Community Benefit Expenditures (informational only)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
10.5 Total general and administrative (Lines 10.1 +10.2 + 10.3 + 10.4)	51,265	7,449,437	5,663,585	0	0	0	0	0	0	0	6,816,435	2,150,871	22,131,593	0	22,131,593
11. Underwriting Gain/(Loss) (Lines 1.12 - 5.7 - 6.6 - 8.3 - 10.5)	53,018	4,313,823	6,214,291	0	0	0	0	0	0	2,204,397	1,240,246	7,478,550	21,504,324	XXX	21,504,325
12. Income from fees of uninsured plans	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0
13. Net investment and other gain/(loss)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	3,934,737	XXX	3,934,737
14. Federal income taxes (excluding taxes on Line 1.5 above)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	228,682	XXX	228,682
15. Net gain or (loss) (Lines 11 + 12 + 13 - 14)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	25,210,380	XXX	25,210,380
16. ICD-10 Implementation Expenses (informational only; already included in general expenses and line 10.4)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
16. 16a ICD-10 Implementation Expenses (informational only; already included in line 10.4)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
OTHER INDICATORS:															
1. Number of certificates/policies	61	8,921	14,611	0	0	0	0	0	0	0	55,524	24,568	103,685	0	103,685
2. Number of Covered Lives	118	15,448	23,836	0	0	0	0	0	0	0	91,225	24,568	155,195	0	155,195
3. Number of Groups	XXX	1,424	317	XXX	0	0	0	0	0	0	952	0	2,693	0	2,693
4. Member Months	1,246	166,509	304,465	0	0	0	0	0	0	0	1,088,539	294,628	1,855,387	0	1,855,387

Is run off business reported in Columns 1 through 9 or 12? Yes [ ] No [ ] If yes, show the amount of premiums and claims included. Premiums $ 0 Claims $ 0

216-2.IA

AFFORDABLE CARE ACT (ACA) RECEIPTS, PAYMENTS, RECEIVABLES and PAYABLES

	Current Year Comprehensive Health Coverage		Prior Year Comprehensive Health Coverage	
	1 Individual Plans	2 Small Group Employer Plans	3 Individual Plans	4 Small Group Employer Plans
ACA Receivables and Payables				
1. Permanent ACA Risk Adjustment Program 1.0 Premium adjustments receivable/(payable)	(159,951)	(1,843,314)	13,460	(1,782,713)
2. Transitional ACA Reinsurance Program 2.0 Total amounts recoverable for claims (paid & unpaid)	0	XXX	0	XXX
3. Temporary ACA Risk Corridors Program 3.1 Accrued retrospective premium	0	0	0	0
3.2 Reserve for rate credits or policy experience refunds	0	0	0	0
ACA Receipts and Payments				
4. Permanent ACA Risk Adjustment Program 4.0 Premium adjustments receipts/(payments)	39,395	(1,212,400)	(39,986)	(1,223,386)
5. Transitional ACA Reinsurance Program 5.0 Amounts received for claims	0	XXX	0	XXX
6. Temporary ACA Risk Corridors Program 6.1 Retrospective premium received	0	0	0	0
6.2 Rate credits or policy experience refunds paid	0	0	0	0

SUPPLEMENT FOR THE YEAR 2018 OF THE UnitedHealthcare Insurance Company

SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 2

(To Be Filed by April 1 - Not for Rebate Purposes)

REPORT FOR: 1. CORPORATION UnitedHealthcare Insurance Company 2. 185 Asylum Street Hartford, CT 061033408 (LOCATION)

NAIC Group Code 0707 BUSINESS IN THE STATE OF Iowa DURING THE YEAR 2018 NAIC Company Code 79413

	Business Subject to MLR												
	Comprehensive Health Coverage			Mini-Med Plans			Expatriate Plans:		9	10	11	12	13
	1	2	3	4	5	6	7	8					
	Individual	Small Group Employer	Large Group Employer	Individual	Small Group Employer	Large Group Employer	Small Group	Large Group	Student Health Plans	Government Business (excluded by statute)	Other Health Business	Medicare Advantage Part C and Medicare Part D Stand-Alone Subject to ACA	Total (a)
1. Health Premiums Earned:													
1.1 Direct premiums written	380,886	69,850,137	128,263,253	0	0	0	0	0	0	0	48,393,061	27,053,333	273,940,670
1.2 Unearned premium prior year	0	3,872	0	0	0	0	0	0	0	0	105	0	3,977
1.3 Unearned premium current year	0	1,662	0	0	0	0	0	0	0	0	90	0	1,752
1.4 Change in unearned premium (Lines 1.2 - 1.3)	0	2,209	0	0	0	0	0	0	0	0	16	0	2,225
1.5 Paid rate credits	96	0	(96)	0	0	0	0	0	0	0	(840,870)	0	(840,870)
1.6 Reserve for rate credits current year	0	0	0	0	0	0	0	0	0	0	136,588	1,191,042	1,327,630
1.7 Reserve for rate credits prior year	0	0	24,117	0	0	0	0	0	0	0	121,070	1,303,315	1,448,501
1.8 Change in reserve for rate credits (Lines 1.6 - 1.7)	0	0	(24,117)	0	0	0	0	0	0	0	15,518	(112,273)	(120,872)
1.9 Premium balances written off	0	12,063	65,834	0	0	0	0	0	0	0	1,919	167,931	247,747
1.10 Group conversion charge	0	0	0	0	0	0	0	0	0	0	0	0	0
1.11 Total direct premiums earned (Lines 1.1 + 1.4 - 1.9 + 1.10)	380,886	69,840,283	128,197,419	0	0	0	0	0	0	0	48,391,157	26,885,403	273,695,148
1.12 Assumed premiums earned from non-affiliates	0	0	0	0	0	0	0	0	0	0	0	0	0
1.13 Net Assumed less Ceded premiums earned from affiliates	263	49,044	71,305	0	0	0	0	0	0	3,037,461	0	481,705	3,639,778
1.14 Ceded premiums earned to non-affiliates	0	0	17,539,025	0	0	0	0	0	0	0	78,006	0	17,617,030
1.15 Other Adjustments due to MLR calculation - Premiums	0	12,063	65,834	0	0	0	0	0	0	0	1,919	167,931	247,747
1.16 Net premiums earned (Lines 1.11 - 1.5 - 1.8 + 1.12 + 1.13 - 1.14 + 1.15)	381,054	69,901,391	110,819,745	0	0	0	0	0	0	3,037,461	49,140,423	27,647,311	260,927,384
2. Direct Claims Incurred:													
2.1 Paid claims during the year	237,884	49,673,230	100,997,851	0	0	0	0	0	0	(739,281)	37,449,435	21,206,774	208,825,894
2.2 Direct claim liability current year	1	7,452,647	11,878,640	0	0	0	0	0	0	1,000,420	5,218,280	1,116,255	26,666,243
2.3 Direct claim liability prior year	2	4,782,898	11,077,945	0	0	0	0	0	0	215,809	4,944,154	671,069	21,691,878
2.4 Direct claim reserves current year	0	131,040	234,209	0	0	0	0	0	0	0	2,219,638	0	2,584,886
2.5 Direct claim reserves prior year	0	89,274	217,047	0	0	0	0	0	0	0	2,244,677	0	2,550,999
2.6 Direct contract reserves current year	0	0	0	0	0	0	0	0	0	0	80,030	0	80,030
2.7 Direct contract reserves prior year	0	0	0	0	0	0	0	0	0	0	30,939	0	30,939
2.8 Paid rate credits	96	0	(96)	0	0	0	0	0	0	0	(840,870)	0	(840,870)
2.9 Reserve for rate credits current year	0	0	0	0	0	0	0	0	0	0	136,588	1,191,042	1,327,630
2.10 Reserve for rate credits prior year	0	0	24,117	0	0	0	0	0	0	0	121,070	1,303,315	1,448,501
2.11 Incurred medical incentive pools and bonuses (Lines 2.11a + 2.11b - 2.11c)	0	301,667	641,906	0	0	0	0	0	0	0	0	0	943,573
2.11a Paid medical incentive pools and bonuses current year	0	144,425	352,024	0	0	0	0	0	0	0	0	0	496,449
2.11b Accrued medical incentive pools and bonuses current year	0	176,131	437,379	0	0	0	0	0	0	0	0	0	613,510
2.11c Accrued medical incentive pools and bonuses prior year	0	18,889	147,497	0	0	0	0	0	0	0	0	0	166,386
2.12 Net healthcare receivables (Lines 2.12a - 2.12b)	0	405,557	(135,167)	0	0	0	0	0	0	0	3,017	7,655,517	7,928,924
2.12a Healthcare receivables current year	0	1,631,065	2,643,262	0	0	0	0	0	0	0	3,567	18,285,487	22,563,382
2.12b Healthcare receivables prior year	0	1,225,508	2,778,428	0	0	0	0	0	0	0	551	10,629,970	14,634,457
2.13 Group conversion charge	0	0	0	0	0	0	0	0	0	0	0	0	0
2.14 Multi-option coverage blended rate adjustment	0	0	0	0	0	0	0	0	0	0	0	0	0
2.15 Total incurred claims (Lines 2.1 + 2.2 - 2.3 + 2.4 - 2.5 + 2.6 - 2.7 + 2.8 + 2.9 - 2.10 + 2.11 - 2.12 + 2.13 + 2.14)	237,978	52,280,854	102,568,569	0	0	0	0	0	0	45,330	36,919,243	13,884,169	205,936,144
2.16 Assumed incurred claims from non-affiliates	0	0	0	0	0	0	0	0	0	0	0	0	0
2.17 Net assumed less ceded incurred claims from affiliates	0	0	0	0	0	0	0	0	0	239,236	0	0	239,236
2.18 Ceded incurred claims to non-affiliates	0	0	13,913,909	0	0	0	0	0	0	0	148,414	0	14,062,322
2.19 Other adjustments due to MLR calculation - Claims	0	0	0	0	0	0	0	0	0	0	0	0	0
2.20 Net Incurred Claims (Lines 2.15 - 2.8 - 2.9 + 2.10 + 2.16 + 2.17 - 2.18 + 2.19)	237,883	52,280,854	88,678,872	0	0	0	0	0	0	284,565	37,596,182	13,996,442	193,074,799
3. Fraud and Abuse Recoveries that Reduced PAID Claims in Line 2.1 above (informational only)	0	11,284	9,210	0	0	0	0	0	0	0	0	0	20,494

(a) Column 13, Line 1.1 includes direct written premium of $ 4,716,214 for stand-alone dental and $ 2,597,579 for stand-alone vision policies.

SUPPLEMENT FOR THE YEAR 2018 OF THE UnitedHealthcare Insurance Company

SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 3

(To Be Filed by April 1 - Not for Rebate Purposes)

REPORT FOR: 1. CORPORATION UnitedHealthcare Insurance Company 2. 185 Asylum Street Hartford, CT 061033408 (LOCATION)

NAIC Group Code 0707 BUSINESS IN THE STATE OF Iowa DURING THE YEAR 2018 NAIC Company Code 79413

	All Expenses	Improving Health Care Quality Expenses						Claims Adjustment Expenses		9	10
		1 Improve Health Outcomes	2 Activities to Prevent Hospital Readmissions	3 Improve Patient Safety and Reduce Medical Errors	4 Wellness & Health Promotion Activities	5 HIT Expenses	6 Total (1 to 5)	7 Cost Containment Expenses	8 Other Claims Adjustment Expenses	General Administrative Expenses	Total Expenses (6 to 9)
1.	Individual Comprehensive Coverage Expenses:										
	1.1 Salaries (including $ 13,709 for affiliated services)	0	0	0	0	0	0	1,759	2,911	9,039	13,709
	1.2 Outsourced Services	0	0	0	0	0	0	202	334	790	1,325
	1.3 EDP Equipment and Software (incl $ 966 for affiliated services)	0	0	0	0	0	0	147	243	576	966
	1.4 Other Equipment (excl. EDP) (incl $ 93 for affiliated services)	0	0	0	0	0	0	14	23	55	93
	1.5 Accreditation and Certification (incl $ 10 for affiliated services)	0	XXX	XXX	XXX	XXX	0	2	3	6	10
	1.6 Other Expenses (incl $ 30,954 for affiliated services)	3,047	0	0	0	0	3,047	3,933	6,510	41,443	54,934
	1.7 Subtotal before Reimbursements and Taxes (Lines 1.1 to 1.6)	3,047	0	0	0	0	3,047	6,056	10,023	51,909	71,036
	1.8 Reimbursements by uninsured plans and fiscal intermediaries	0	0	0	0	0	0	0	0	0	0
	1.9 Taxes, Licenses and Fees (in total, for tying purposes)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1,541	1,541
	1.10 Total (1.7 to 1.9)	3,047	0	0	0	0	3,047	6,056	10,023	53,449	72,576
	1.11 Total Fraud and Abuse Detection/Recovery Expenses included in Column 7 (informational only)	0	0	0	0	0	0	1,791	0	0	1,791
2.	Small Group Comprehensive Coverage Expenses:										
	2.1 Salaries (including $ 1,877,362 for affiliated services)	0	0	0	0	0	0	233,242	375,825	1,268,295	1,877,362
	2.2 Outsourced Services	0	0	0	0	0	0	64,006	43,070	131,509	238,585
	2.3 EDP Equipment and Software (incl $ 132,816 for affiliated services)	0	0	0	0	0	0	19,477	31,383	81,956	132,816
	2.4 Other Equipment (excl. EDP) (incl $ 12,749 for affiliated services)	0	0	0	0	0	0	1,870	3,012	7,867	12,749
	2.5 Accreditation and Certification (incl $ 1,384 for affiliated services)	0	XXX	XXX	XXX	XXX	0	203	327	854	1,384
	2.6 Other Expenses (incl $ 4,274,694 for affiliated services)	558,722	0	0	0	0	558,722	538,099	840,558	5,848,029	7,785,408
	2.7 Subtotal before Reimbursements and Taxes (Lines 2.1 to 2.6)	558,722	0	0	0	0	558,722	856,897	1,294,176	7,338,509	10,048,304
	2.8 Reimbursements by uninsured plans and fiscal intermediaries	0	0	0	0	0	0	0	0	0	0
	2.9 Taxes, Licenses and Fees (in total, for tying purposes)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	690,302	690,302
	2.10 Total (2.7 to 2.9)	558,722	0	0	0	0	558,722	856,897	1,294,176	8,028,811	10,738,606
	2.11 Total Fraud and Abuse Detection/Recovery Expenses included in Column 7 (informational only)	0	0	0	0	0	0	239,475	0	0	239,475
3.	Large Group Comprehensive Coverage Expenses:										
	3.1 Salaries (including $ 2,996,391 for affiliated services)	0	0	0	0	0	0	373,486	568,289	2,054,616	2,996,391
	3.2 Outsourced Services	0	0	0	0	0	0	108,365	65,127	202,087	375,579
	3.3 EDP Equipment and Software (incl $ 203,278 for affiliated services)	0	0	0	0	0	0	31,188	47,455	124,636	203,278
	3.4 Other Equipment (excl. EDP) (incl $ 19,512 for affiliated services)	0	0	0	0	0	0	2,994	4,555	11,964	19,512
	3.5 Accreditation and Certification (incl $ 2,119 for affiliated services)	0	XXX	XXX	XXX	XXX	0	325	495	1,299	2,119
	3.6 Other Expenses (incl $ 6,679,525 for affiliated services)	1,025,579	0	0	0	0	1,025,579	859,395	1,271,016	3,046,855	6,202,845
	3.7 Subtotal before Reimbursements and Taxes (Lines 3.1 to 3.6)	1,025,579	0	0	0	0	1,025,579	1,375,753	1,956,936	5,441,455	9,799,724
	3.8 Reimbursements by uninsured plans and fiscal intermediaries	0	0	0	0	0	0	0	0	0	0
	3.9 Taxes, Licenses and Fees (in total, for tying purposes)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	930,003	930,003
	3.10 Total (3.7 to 3.9)	1,025,579	0	0	0	0	1,025,579	1,375,753	1,956,936	6,371,458	10,729,726
	3.11 Total Fraud and Abuse Detection/Recovery Expenses included in Column 7 (informational only)	0	0	0	0	0	0	408,848	0	0	408,848

SUPPLEMENT FOR THE YEAR 2018 OF THE UnitedHealthcare Insurance Company

SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 3 (Continued)

	All Expenses	Improving Health Care Quality Expenses						Claims Adjustment Expenses		9	10
		1 Improve Health Outcomes	2 Activities to Prevent Hospital Readmissions	3 Improve Patient Safety and Reduce Medical Errors	4 Wellness & Health Promotion Activities	5 HIT Expenses	6 Total (1 to 5)	7 Cost Containment Expenses	8 Other Claims Adjustment Expenses	General Administrative Expenses	Total Expenses (6 to 9)
4.	Individual Mini-Med Plans Expenses:										
	4.1 Salaries (including $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	4.2 Outsourced Services	0	0	0	0	0	0	0	0	0	0
	4.3 EDP Equipment and Software (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	4.4 Other Equipment (excl. EDP) (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	4.5 Accreditation and Certification (incl $ 0 for affiliated services)	0	XXX	XXX	XXX	XXX	0	0	0	0	0
	4.6 Other Expenses (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	4.7 Subtotal before Reimbursements and Taxes (Lines 4.1 to 4.6)	0	0	0	0	0	0	0	0	0	0
	4.8 Reimbursements by uninsured plans and fiscal intermediaries	0	0	0	0	0	0	0	0	0	0
	4.9 Taxes, Licenses and Fees (in total, for tying purposes)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0
	4.10 Total (4.7 to 4.9)	0	0	0	0	0	0	0	0	0	0
	4.11 Total Fraud and Abuse Detection/Recovery Expenses included in Column 7 (informational only)	0	0	0	0	0	0	0	0	0	0
5.	Small Group Mini-Med Plans Expenses:										
	5.1 Salaries (including $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	5.2 Outsourced Services	0	0	0	0	0	0	0	0	0	0
	5.3 EDP Equipment and Software (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	5.4 Other Equipment (excl. EDP) (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	5.5 Accreditation and Certification (incl $ 0 for affiliated services)	0	XXX	XXX	XXX	XXX	0	0	0	0	0
	5.6 Other Expenses (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	5.7 Subtotal before Reimbursements and Taxes (Lines 5.1 to 5.6)	0	0	0	0	0	0	0	0	0	0
	5.8 Reimbursements by uninsured plans and fiscal intermediaries	0	0	0	0	0	0	0	0	0	0
	5.9 Taxes, Licenses and Fees (in total, for tying purposes)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0
	5.10 Total (5.7 to 5.9)	0	0	0	0	0	0	0	0	0	0
	5.11 Total Fraud and Abuse Detection/Recovery Expenses included in Column 7 (informational only)	0	0	0	0	0	0	0	0	0	0
6.	Large Group Mini-Med Plans Expenses:										
	6.1 Salaries (including $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	6.2 Outsourced Services	0	0	0	0	0	0	0	0	0	0
	6.3 EDP Equipment and Software (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	6.4 Other Equipment (excl. EDP) (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	6.5 Accreditation and Certification (incl $ 0 for affiliated services)	0	XXX	XXX	XXX	XXX	0	0	0	0	0
	6.6 Other Expenses (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	6.7 Subtotal before Reimbursements and Taxes (Lines 6.1 to 6.6)	0	0	0	0	0	0	0	0	0	0
	6.8 Reimbursements by uninsured plans and fiscal intermediaries	0	0	0	0	0	0	0	0	0	0
	6.9 Taxes, Licenses and Fees (in total, for tying purposes)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0
	6.10 Total (6.7 to 6.9)	0	0	0	0	0	0	0	0	0	0
	6.11 Total Fraud and Abuse Detection/Recovery Expenses included in Column 7 (informational only)	0	0	0	0	0	0	0	0	0	0

SUPPLEMENT FOR THE YEAR 2018 OF THE UnitedHealthcare Insurance Company

SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 3 (Continued)

	All Expenses	Improving Health Care Quality Expenses						Claims Adjustment Expenses		9	10
		1 Improve Health Outcomes	2 Activities to Prevent Hospital Readmissions	3 Improve Patient Safety and Reduce Medical Errors	4 Wellness & Health Promotion Activities	5 HIT Expenses	6 Total (1 to 5)	7 Cost Containment Expenses	8 Other Claims Adjustment Expenses	General Administrative Expenses	Total Expenses (6 to 9)
7.	Small Group Expatriate Plans Expenses:										
	7.1 Salaries (including $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	7.2 Outsourced Services	0	0	0	0	0	0	0	0	0	0
	7.3 EDP Equipment and Software (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	7.4 Other Equipment (excl. EDP) (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	7.5 Accreditation and Certification (incl $ 0 for affiliated services)	0	XXX	XXX	XXX	XXX	0	0	0	0	0
	7.6 Other Expenses (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	7.7 Subtotal before Reimbursements and Taxes (Lines 7.1 to 7.6)	0	0	0	0	0	0	0	0	0	0
	7.8 Reimbursements by uninsured plans and fiscal intermediaries	0	0	0	0	0	0	0	0	0	0
	7.9 Taxes, Licenses and Fees (in total, for tying purposes)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0
	7.10 Total (7.7 to 7.9)	0	0	0	0	0	0	0	0	0	0
	7.11 Total Fraud and Abuse Detection/Recovery Expenses included in Column 7 (informational only)	0	0	0	0	0	0	0	0	0	0
8.	Large Group Expatriate Plans Expenses:										
	8.1 Salaries (including $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	8.2 Outsourced Services	0	0	0	0	0	0	0	0	0	0
	8.3 EDP Equipment and Software (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	8.4 Other Equipment (excl. EDP) (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	8.5 Accreditation and Certification (incl $ 0 for affiliated services)	0	XXX	XXX	XXX	XXX	0	0	0	0	0
	8.6 Other Expenses (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	8.7 Subtotal before Reimbursements and Taxes (Lines 8.1 to 8.6)	0	0	0	0	0	0	0	0	0	0
	8.8 Reimbursements by uninsured plans and fiscal intermediaries	0	0	0	0	0	0	0	0	0	0
	8.9 Taxes, Licenses and Fees (in total, for tying purposes)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0
	8.10 Total (8.7 to 8.9)	0	0	0	0	0	0	0	0	0	0
	8.11 Total Fraud and Abuse Detection/Recovery Expenses included in Column 7 (informational only)	0	0	0	0	0	0	0	0	0	0
9.	Student Health Plans Expenses:										
	9.1 Salaries (including $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	9.2 Outsourced Services	0	0	0	0	0	0	0	0	0	0
	9.3 EDP Equipment and Software (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	9.4 Other Equipment (excl. EDP) (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	9.5 Accreditation and Certification (incl $ 0 for affiliated services)	0	XXX	XXX	XXX	XXX	0	0	0	0	0
	9.6 Other Expenses (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	9.7 Subtotal before Reimbursements and Taxes (Lines 9.1 to 9.6)	0	0	0	0	0	0	0	0	0	0
	9.8 Reimbursements by uninsured plans and fiscal intermediaries	0	0	0	0	0	0	0	0	0	0
	9.9 Taxes, Licenses and Fees (in total, for tying purposes)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0
	9.10 Total (9.7 to 9.9)	0	0	0	0	0	0	0	0	0	0
	9.11 Total Fraud and Abuse Detection/Recovery Expenses included in Column 7 (informational only)	0	0	0	0	0	0	0	0	0	0

SUPPLEMENT FOR THE YEAR 2018 OF THE UnitedHealthcare Insurance Company

SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 1

(To Be Filed by April 1 - Not for Rebate Purposes - See Cautionary Statement at http://www.naic.org/documents/committees_e_app_blanks_related_shce_cautionary_statement.pdf)

REPORT FOR: 1. CORPORATION UnitedHealthcare Insurance Company 2. 185 Asylum Street Hartford, CT 061033408 (LOCATION)

NAIC Group Code 0707 BUSINESS IN THE STATE OF Kansas DURING THE YEAR 2018 NAIC Company Code 79413

	Business Subject to MLR									10	11	12	13	14	15
	Comprehensive Health Coverage			Mini-Med Plans			Expatriate Plans		9						
	1 Individual	2 Small Group Employer	3 Large Group Employer	4 Individual	5 Small Group Employer	6 Large Group Employer	7 Small Group	8 Large Group	Student Health Plans	Government Business (excluded by statute)	Other Health Business	Medicare Advantage Part C and Medicare Part D Stand-Alone Subject to ACA	Subtotal (Cols. 1 through 12)	Uninsured Plans	Total 13 + 14
1. Premium:															
1.1 Health premiums earned (From Part 2, Line 1.11)	588,938	93,704,860	127,221,853	0	0	0	0	0	0	0	94,278,395	50,987,093	366,781,138	XXX	366,781,138
1.2 Federal high risk pools	0	0	0	0	0	0	0	0	0	0	0	0	0	XXX	0
1.3 State high risk pools	(19)	(2,677)	(11,878)	0	0	0	0	0	0	0	41,168	0	26,594	XXX	26,594
1.4 Premiums earned including state and federal high risk programs (Lines 1.1 + 1.2 + 1.3)	588,918	93,702,182	127,209,976	0	0	0	0	0	0	0	94,319,562	50,987,093	366,807,731	XXX	366,807,731
1.5 Federal taxes and federal assessments	(88,289)	3,206,829	4,046,026	0	0	0	0	0	0	3,642,755	1,466,570	2,939,393	15,213,285	0	15,213,285
1.6 State insurance, premium and other taxes (Similar local taxes of $ 39,428)	896	73,538	(305,109)	0	0	0	0	0	0	0	1,212,695	5,406	987,426	0	987,426
1.6a Community Benefit Expenditures (informational only)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
1.7 Regulatory authority licenses and fees	23	3,360	5,754	0	0	0	0	0	0	0	(16,707)	0	(7,569)	0	(7,569)
1.8 Adjusted Premiums Earned (Lines 1.4 - 1.5 - 1.6 - 1.7)	676,288	90,418,454	123,463,304	0	0	0	0	0	0	(3,642,755)	91,657,004	48,042,294	350,614,590	XXX	350,614,590
1.9 Net Assumed less Ceded reinsurance premiums earned	17,639	0	(12,480,861)	0	0	0	0	0	0	673,681,304	(29,494)	206,890	661,395,477	XXX	661,395,477
1.10 Other Adjustments due to MLR calculations - Premiums	0	12,019	173,804	0	0	0	0	0	0	0	2,482	460,490	648,796	XXX	648,796
1.11 Risk Revenue	0	0	0	0	0	0	0	0	0	0	0	0	0	XXX	0
1.12 Net adjusted premiums earned after reinsurance (Lines 1.8 + 1.9 + 1.10 + 1.11)	693,927	90,430,474	111,156,247	0	0	0	0	0	0	670,038,549	91,629,992	48,709,674	1,012,658,862	XXX	1,012,658,862
2. Claims:															
2.1 Incurred claims excluding prescription drugs	897,238	62,995,136	89,019,222	0	0	0	0	0	0	0	63,370,270	13,578,745	229,860,611	XXX	229,860,611
2.2 Prescription drugs	122,591	15,756,298	22,557,073	0	0	0	0	0	0	0	10,988,856	51,172,576	100,597,395	XXX	100,597,395
2.3 Pharmaceutical rebates	42,112	5,389,948	7,316,971	0	0	0	0	0	0	0	16,748	29,993,850	42,759,628	XXX	42,759,628
2.4 State stop loss, market stabilization and claim/census based assessments (informational only)	4	44,360	51,729	0	0	0	0	0	0	0	346,862	0	442,955	XXX	442,955
3. Incurred medical incentive pools and bonuses	0	29,940	47,820	0	0	0	0	0	0	0	0	0	77,760	XXX	77,760
4. Deductible Fraud and Abuse Detection/Recovery Expenses (for MLR use only)	0	4,220	2,758	0	0	0	0	0	0	0	0	3,243	10,221	0	10,221
5. 5.0 Total Incurred Claims (Lines 2.1 + 2.2 - 2.3 + 3) (From Part 2, Line 2.15)	977,718	73,391,426	104,307,144	0	0	0	0	0	0	0	74,342,379	34,757,471	287,776,138	XXX	287,776,138
5.1 Net Assumed less Ceded reinsurance claims incurred	(4,319)	(6)	(9,432,820)	0	0	0	0	0	0	555,956,669	17,286	0	546,536,809	XXX	546,536,809
5.2 Other Adjustments due to MLR calculations - Claims	0	0	0	0	0	0	0	0	0	0	0	0	0	XXX	0
5.3 Rebates paid	0	0	0	0	0	0	0	0	0	XXX	XXX	0	0	XXX	0
5.4 Estimated rebates unpaid prior year	0	0	0	0	0	0	0	0	0	XXX	XXX	0	0	XXX	0
5.5 Estimated rebates unpaid current year	0	0	0	0	0	0	0	0	0	XXX	XXX	0	0	XXX	0
5.6 Fee for service and co-pay revenue	0	0	0	0	0	0	0	0	0	0	0	0	0	XXX	0
5.7 Net incurred claims after reinsurance (Lines 5.0 + 5.1 + 5.2 + 5.3 - 5.4 + 5.5 - 5.6)	973,399	73,391,420	94,874,324	0	0	0	0	0	0	555,956,669	74,359,664	34,757,471	834,312,947	XXX	834,312,947
6. Improving Health Care Quality Expenses Incurred:															
6.1 Improve health outcomes	4,712	749,639	1,017,775	0	0	0	0	0	0	0	227,066	148,745	2,147,937	0	2,147,937
6.2 Activities to prevent hospital readmissions	0	0	0	0	0	0	0	0	0	0	139,668	41,495	181,163	0	181,163
6.3 Improve patient safety and reduce medical errors	0	0	0	0	0	0	0	0	0	0	105,684	140,206	245,890	0	245,890
6.4 Wellness and health promotion activities	0	0	0	0	0	0	0	0	0	0	546,283	(14,774)	531,510	0	531,510
6.5 Health Information Technology expenses related to health improvement	0	0	0	0	0	0	0	0	0	0	50,138	160,886	211,024	0	211,024
6.6 Total of Defined Expenses Incurred for Improving Health Care Quality (Lines 6.1+6.2+6.3+6.4+6.5)	4,712	749,639	1,017,775	0	0	0	0	0	0	0	1,068,840	476,559	3,317,524	0	3,317,524
7. Preliminary Medical Loss Ratio: MLR ((Lines 4 + 5.0 + 6.6 - Footnote 2.0)/Line 1.8	1.453	0.820	0.853	0.000	0.000	0.000	0.000	0.000	0.000	XXX	XXX	0.733	XXX	XXX	XXX
8. Claims Adjustment Expenses:															
8.1 Cost containment expenses not included in quality of care expenses in Line 6.6	7,801	1,202,125	1,474,332	0	0	0	0	0	0	0	65,767	556,473	3,306,498	0	3,306,498
8.2 All other claims adjustment expenses	12,971	1,649,458	2,053,700	0	0	0	0	0	0	0	1,101,000	2,665,956	7,483,085	0	7,483,085
8.3 Total claims adjustment expenses (Lines 8.1 + 8.2)	20,772	2,851,583	3,528,032	0	0	0	0	0	0	0	1,166,768	3,222,429	10,789,583	0	10,789,583
9. Claims Adjustment Expense Ratio (Line 8.3/Line 1.8)	0.031	0.032	0.029	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.013	0.067	XXX	XXX	XXX

SUPPLEMENT FOR THE YEAR 2018 OF THE UnitedHealthcare Insurance Company

SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 1 (Continued)

	Business Subject to MLR									10	11	12	13	14	15
	Comprehensive Health Coverage			Mini-Med Plans			Expatriate Plans		9						
	1 Individual	2 Small Group Employer	3 Large Group Employer	4 Individual	5 Small Group Employer	6 Large Group Employer	7 Small Group	8 Large Group	Student Health Plans	Government Business (excluded by statute)	Other Health Business	Medicare Advantage Part C and Medicare Part D Stand-Alone Subject to ACA	Subtotal (Cols. 1 through 12)	Uninsured Plans	Total 13 + 14
10. General and Administrative (G&A) Expenses:															
10.1 Direct sales salaries and benefits	2,764	375,783	552,693	0	0	0	0	0	0	0	120,320	97,062	1,148,623	0	1,148,623
10.2 Agents and brokers fees and commissions	19,894	3,008,687	4,461,526	0	0	0	0	0	0	0	2,826,652	432,965	10,749,724	0	10,749,724
10.3 Other taxes (excluding taxes on Lines 1.5 through 1.7 and Line 14 below)	(1,734)	118,099	171,333	0	0	0	0	0	0	0	148,802	83,598	520,098	0	520,098
10.4 Other general and administrative expenses	54,111	4,583,353	4,583,410	0	0	0	0	0	0	99,441,751	7,681,042	2,574,711	118,918,378	0	118,918,378
10.4a Community Benefit Expenditures (informational only)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
10.5 Total general and administrative (Lines 10.1 +10.2 + 10.3 + 10.4)	75,035	8,085,923	9,768,962	0	0	0	0	0	0	99,441,751	10,776,817	3,188,336	131,336,824	0	131,336,824
11. Underwriting Gain/(Loss) (Lines 1.12 - 5.7 - 6.6 - 8.3 - 10.5)	(379,990)	5,351,909	1,967,154	0	0	0	0	0	0	14,640,129	4,257,904	7,064,879	32,901,984	XXX	32,901,984
12. Income from fees of uninsured plans	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0
13. Net investment and other gain/(loss)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	5,155,459	XXX	5,155,459
14. Federal income taxes (excluding taxes on Line 1.5 above)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	299,434	XXX	299,434
15. Net gain or (loss) (Lines 11 + 12 + 13 - 14)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	37,758,010	XXX	37,758,010
16. ICD-10 Implementation Expenses (informational only; already included in general expenses and line 10.4)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
16. 16a ICD-10 Implementation Expenses (informational only; already included in line 10.4)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
OTHER INDICATORS:															
1. Number of certificates/policies	59	9,990	13,261	0	0	0	0	0	0	0	48,546	31,235	103,091	0	103,091
2. Number of Covered Lives	137	17,590	23,306	0	0	0	0	0	0	0	65,147	31,235	137,415	0	137,415
3. Number of Groups	XXX	1,686	315	XXX	0	0	0	0	0	0	935	12	2,948	0	2,948
4. Member Months	1,547	210,325	298,296	0	0	0	0	0	0	0	776,421	378,657	1,665,246	0	1,665,246

Is run off business reported in Columns 1 through 9 or 12? Yes [ ] No [ ] If yes, show the amount of premiums and claims included. Premiums $ 0 Claims $ 0

216-2.KS

AFFORDABLE CARE ACT (ACA) RECEIPTS, PAYMENTS, RECEIVABLES and PAYABLES

	Current Year Comprehensive Health Coverage		Prior Year Comprehensive Health Coverage	
	1 Individual Plans	2 Small Group Employer Plans	3 Individual Plans	4 Small Group Employer Plans
ACA Receivables and Payables				
1. Permanent ACA Risk Adjustment Program 1.0 Premium adjustments receivable/(payable)	(129,153)	2,655,426	(48,824)	1,692,122
2. Transitional ACA Reinsurance Program 2.0 Total amounts recoverable for claims (paid & unpaid)	0	XXX	0	XXX
3. Temporary ACA Risk Corridors Program 3.1 Accrued retrospective premium	0	0	0	0
3.2 Reserve for rate credits or policy experience refunds	0	0	0	0
ACA Receipts and Payments				
4. Permanent ACA Risk Adjustment Program 4.0 Premium adjustments receipts/(payments)	19,961	2,107,712	(65,763)	(98,732)
5. Transitional ACA Reinsurance Program 5.0 Amounts received for claims	0	XXX	0	XXX
6. Temporary ACA Risk Corridors Program 6.1 Retrospective premium received	0	0	0	0
6.2 Rate credits or policy experience refunds paid	0	0	0	0

SUPPLEMENT FOR THE YEAR 2018 OF THE UnitedHealthcare Insurance Company

SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 2

(To Be Filed by April 1 - Not for Rebate Purposes)

REPORT FOR: 1. CORPORATION UnitedHealthcare Insurance Company 2. 185 Asylum Street Hartford, CT 061033408 (LOCATION)

NAIC Group Code 0707 BUSINESS IN THE STATE OF Kansas DURING THE YEAR 2018 NAIC Company Code 79413

	Business Subject to MLR												
	Comprehensive Health Coverage			Mini-Med Plans			Expatriate Plans:		9	10	11	12	13
	1 Individual	2 Small Group Employer	3 Large Group Employer	4 Individual	5 Small Group Employer	6 Large Group Employer	7 Small Group	8 Large Group	Student Health Plans	Government Business (excluded by statute)	Other Health Business	Medicare Advantage Part C and Medicare Part D Stand-Alone Subject to ACA	Total (a)
1. Health Premiums Earned:													
1.1 Direct premiums written	588,938	93,721,214	127,395,658	0	0	0	0	0	0	0	94,420,519	51,447,583	367,573,911
1.2 Unearned premium prior year	0	24,149	0	0	0	0	0	0	0	0	120,159	0	144,308
1.3 Unearned premium current year	0	28,485	0	0	0	0	0	0	0	0	259,801	0	288,286
1.4 Change in unearned premium (Lines 1.2 - 1.3)	0	(4,335)	0	0	0	0	0	0	0	0	(139,643)	0	(143,978)
1.5 Paid rate credits	0	0	197,366	0	0	0	0	0	0	0	(995,413)	2,880,595	2,082,548
1.6 Reserve for rate credits current year	0	0	1,675	0	0	0	0	0	0	0	145,276	1,553,361	1,700,312
1.7 Reserve for rate credits prior year	0	0	109,051	0	0	0	0	0	0	0	124,452	3,041,259	3,274,763
1.8 Change in reserve for rate credits (Lines 1.6 - 1.7)	0	0	(107,376)	0	0	0	0	0	0	0	20,824	(1,487,898)	(1,574,450)
1.9 Premium balances written off	0	12,019	173,804	0	0	0	0	0	0	0	2,482	460,490	648,796
1.10 Group conversion charge	0	0	0	0	0	0	0	0	0	0	0	0	0
1.11 Total direct premiums earned (Lines 1.1 + 1.4 - 1.9 + 1.10)	588,938	93,704,860	127,221,853	0	0	0	0	0	0	0	94,278,395	50,987,093	366,781,138
1.12 Assumed premiums earned from non-affiliates	0	0	0	0	0	0	0	0	0	0	0	0	0
1.13 Net Assumed less Ceded premiums earned from affiliates	17,639	0	0	0	0	0	0	0	0	673,681,304	0	206,890	673,905,832
1.14 Ceded premiums earned to non-affiliates	0	0	12,480,861	0	0	0	0	0	0	0	29,494	0	12,510,355
1.15 Other Adjustments due to MLR calculation - Premiums	0	12,019	173,804	0	0	0	0	0	0	0	2,482	460,490	648,796
1.16 Net premiums earned (Lines 1.11 - 1.5 - 1.8 + 1.12 + 1.13 - 1.14 + 1.15)	606,577	93,716,879	114,824,806	0	0	0	0	0	0	673,681,304	95,225,972	50,261,775	1,028,317,312
2. Direct Claims Incurred:													
2.1 Paid claims during the year	977,716	70,631,111	104,042,820	0	0	0	0	0	0	(4,239,959)	75,633,841	35,438,812	282,484,341
2.2 Direct claim liability current year	26	10,610,220	10,934,069	0	0	0	0	0	0	5,731,501	8,837,900	1,188,069	37,301,785
2.3 Direct claim liability prior year	24	7,747,354	11,319,288	0	0	0	0	0	0	1,491,541	8,882,145	3,905,212	33,345,564
2.4 Direct claim reserves current year	0	271,500	272,181	0	0	0	0	0	0	0	2,892,931	3,796	3,440,408
2.5 Direct claim reserves prior year	0	192,977	272,529	0	0	0	0	0	0	0	3,147,580	2,615	3,615,701
2.6 Direct contract reserves current year	0	0	0	0	0	0	0	0	0	0	10,535	0	10,535
2.7 Direct contract reserves prior year	0	0	0	0	0	0	0	0	0	0	23,652	0	23,652
2.8 Paid rate credits	0	0	197,366	0	0	0	0	0	0	0	(995,413)	2,880,595	2,082,548
2.9 Reserve for rate credits current year	0	0	1,675	0	0	0	0	0	0	0	145,276	1,553,361	1,700,312
2.10 Reserve for rate credits prior year	0	0	109,051	0	0	0	0	0	0	0	124,452	3,041,259	3,274,763
2.11 Incurred medical incentive pools and bonuses (Lines 2.11a + 2.11b - 2.11c)	0	29,940	47,820	0	0	0	0	0	0	0	0	0	77,760
2.11a Paid medical incentive pools and bonuses current year	0	16,961	19,677	0	0	0	0	0	0	0	0	0	36,639
2.11b Accrued medical incentive pools and bonuses current year	0	36,607	107,042	0	0	0	0	0	0	0	0	0	143,649
2.11c Accrued medical incentive pools and bonuses prior year	0	23,628	78,899	0	0	0	0	0	0	0	0	0	102,527
2.12 Net healthcare receivables (Lines 2.12a - 2.12b)	0	211,014	(512,080)	0	0	0	0	0	0	0	4,861	(641,923)	(938,128)
2.12a Healthcare receivables current year	0	2,592,728	2,361,832	0	0	0	0	0	0	0	4,861	10,537,315	15,496,736
2.12b Healthcare receivables prior year	0	2,381,714	2,873,912	0	0	0	0	0	0	0	0	11,179,238	16,434,864
2.13 Group conversion charge	0	0	0	0	0	0	0	0	0	0	0	0	0
2.14 Multi-option coverage blended rate adjustment	0	0	0	0	0	0	0	0	0	0	0	0	0
2.15 Total incurred claims (Lines 2.1 + 2.2 - 2.3 + 2.4 - 2.5 + 2.6 - 2.7 + 2.8 + 2.9 - 2.10 + 2.11 - 2.12 + 2.13 + 2.14)	977,718	73,391,426	104,307,144	0	0	0	0	0	0	0	74,342,379	34,757,471	287,776,138
2.16 Assumed incurred claims from non-affiliates	0	0	0	0	0	0	0	0	0	0	0	0	0
2.17 Net assumed less ceded incurred claims from affiliates	(4,319)	(6)	1,222	0	0	0	0	0	0	555,956,669	0	0	555,953,566
2.18 Ceded incurred claims to non-affiliates	0	0	9,434,042	0	0	0	0	0	0	0	(17,286)	0	9,416,756
2.19 Other adjustments due to MLR calculation - Claims	0	0	0	0	0	0	0	0	0	0	0	0	0
2.20 Net Incurred Claims (Lines 2.15 - 2.8 - 2.9 + 2.10 + 2.16 + 2.17 - 2.18 + 2.19)	973,399	73,391,420	94,784,334	0	0	0	0	0	0	555,956,669	75,334,254	33,364,773	833,804,849
3. Fraud and Abuse Recoveries that Reduced PAID Claims in Line 2.1 above (informational only)	0	4,220	2,758	0	0	0	0	0	0	0	0	3,243	10,221

(a) Column 13, Line 1.1 includes direct written premium of $ 3,187,067 for stand-alone dental and $ 779,853 for stand-alone vision policies.

SUPPLEMENT FOR THE YEAR 2018 OF THE UnitedHealthcare Insurance Company

SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 3

(To Be Filed by April 1 - Not for Rebate Purposes)

REPORT FOR: 1. CORPORATION UnitedHealthcare Insurance Company 2. 185 Asylum Street Hartford, CT 061033408 (LOCATION)

NAIC Group Code 0707 BUSINESS IN THE STATE OF Kansas DURING THE YEAR 2018 NAIC Company Code 79413

	All Expenses	Improving Health Care Quality Expenses						Claims Adjustment Expenses		9	10
		1 Improve Health Outcomes	2 Activities to Prevent Hospital Readmissions	3 Improve Patient Safety and Reduce Medical Errors	4 Wellness & Health Promotion Activities	5 HIT Expenses	6 Total (1 to 5)	7 Cost Containment Expenses	8 Other Claims Adjustment Expenses	General Administrative Expenses	Total Expenses (6 to 9)
1.	Individual Comprehensive Coverage Expenses:										
	1.1 Salaries (including $ 17,297 for affiliated services)	0	0	0	0	0	0	2,190	3,687	11,420	17,297
	1.2 Outsourced Services	0	0	0	0	0	0	253	423	1,003	1,679
	1.3 EDP Equipment and Software (incl $ 1,222 for affiliated services)	0	0	0	0	0	0	183	308	731	1,222
	1.4 Other Equipment (excl. EDP) (incl $ 117 for affiliated services)	0	0	0	0	0	0	18	30	70	117
	1.5 Accreditation and Certification (incl $ 13 for affiliated services)	0	XXX	XXX	XXX	XXX	0	2	3	8	13
	1.6 Other Expenses (incl $ 38,435 for affiliated services)	4,712	0	0	0	0	4,712	4,898	8,246	63,342	81,198
	1.7 Subtotal before Reimbursements and Taxes (Lines 1.1 to 1.6)	4,712	0	0	0	0	4,712	7,543	12,696	76,574	101,525
	1.8 Reimbursements by uninsured plans and fiscal intermediaries	0	0	0	0	0	0	0	0	0	0
	1.9 Taxes, Licenses and Fees (in total, for tying purposes)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	(88)	(88)
	1.10 Total (1.7 to 1.9)	4,712	0	0	0	0	4,712	7,543	12,696	76,486	101,437
	1.11 Total Fraud and Abuse Detection/Recovery Expenses included in Column 7 (informational only)	0	0	0	0	0	0	2,224	0	0	2,224
2.	Small Group Comprehensive Coverage Expenses:										
	2.1 Salaries (including $ 2,361,918 for affiliated services)	0	0	0	0	0	0	295,362	468,168	1,598,388	2,361,918
	2.2 Outsourced Services	0	0	0	0	0	0	161,739	53,653	201,274	416,666
	2.3 EDP Equipment and Software (incl $ 166,980 for affiliated services)	0	0	0	0	0	0	24,664	39,094	103,222	166,980
	2.4 Other Equipment (excl. EDP) (incl $ 16,028 for affiliated services)	0	0	0	0	0	0	2,367	3,753	9,908	16,028
	2.5 Accreditation and Certification (incl $ 1,740 for affiliated services)	0	XXX	XXX	XXX	XXX	0	257	407	1,076	1,740
	2.6 Other Expenses (incl $ 5,300,325 for affiliated services)	749,639	0	0	0	0	749,639	682,690	1,047,090	6,027,386	8,506,804
	2.7 Subtotal before Reimbursements and Taxes (Lines 2.1 to 2.6)	749,639	0	0	0	0	749,639	1,167,079	1,612,165	7,941,253	11,470,136
	2.8 Reimbursements by uninsured plans and fiscal intermediaries	0	0	0	0	0	0	0	0	0	0
	2.9 Taxes, Licenses and Fees (in total, for tying purposes)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	293,908	293,908
	2.10 Total (2.7 to 2.9)	749,639	0	0	0	0	749,639	1,167,079	1,612,165	8,235,161	11,764,044
	2.11 Total Fraud and Abuse Detection/Recovery Expenses included in Column 7 (informational only)	0	0	0	0	0	0	302,679	0	0	302,679
3.	Large Group Comprehensive Coverage Expenses:										
	3.1 Salaries (including $ 2,931,422 for affiliated services)	0	0	0	0	0	0	393,365	584,036	1,954,021	2,931,422
	3.2 Outsourced Services	0	0	0	0	0	0	93,973	66,932	208,510	369,415
	3.3 EDP Equipment and Software (incl $ 200,295 for affiliated services)	0	0	0	0	0	0	32,848	48,770	118,677	200,295
	3.4 Other Equipment (excl. EDP) (incl $ 19,226 for affiliated services)	0	0	0	0	0	0	3,153	4,681	11,392	19,226
	3.5 Accreditation and Certification (incl $ 2,088 for affiliated services)	0	XXX	XXX	XXX	XXX	0	342	508	1,237	2,088
	3.6 Other Expenses (incl $ 6,605,249 for affiliated services)	1,017,775	0	0	0	0	1,017,775	903,535	1,306,236	7,265,547	10,493,093
	3.7 Subtotal before Reimbursements and Taxes (Lines 3.1 to 3.6)	1,017,775	0	0	0	0	1,017,775	1,427,216	2,011,164	9,559,384	14,015,539
	3.8 Reimbursements by uninsured plans and fiscal intermediaries	0	0	0	0	0	0	0	0	0	0
	3.9 Taxes, Licenses and Fees (in total, for tying purposes)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	(124)	(124)
	3.10 Total (3.7 to 3.9)	1,017,775	0	0	0	0	1,017,775	1,427,216	2,011,164	9,559,259	14,015,414
	3.11 Total Fraud and Abuse Detection/Recovery Expenses included in Column 7 (informational only)	0	0	0	0	0	0	428,393	0	0	428,393

SUPPLEMENT FOR THE YEAR 2018 OF THE UnitedHealthcare Insurance Company

SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 3 (Continued)

	All Expenses	Improving Health Care Quality Expenses						Claims Adjustment Expenses		9	10
		1 Improve Health Outcomes	2 Activities to Prevent Hospital Readmissions	3 Improve Patient Safety and Reduce Medical Errors	4 Wellness & Health Promotion Activities	5 HIT Expenses	6 Total (1 to 5)	7 Cost Containment Expenses	8 Other Claims Adjustment Expenses	General Administrative Expenses	Total Expenses (6 to 9)
4.	Individual Mini-Med Plans Expenses:										
	4.1 Salaries (including $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	4.2 Outsourced Services	0	0	0	0	0	0	0	0	0	0
	4.3 EDP Equipment and Software (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	4.4 Other Equipment (excl. EDP) (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	4.5 Accreditation and Certification (incl $ 0 for affiliated services)	0	XXX	XXX	XXX	XXX	0	0	0	0	0
	4.6 Other Expenses (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	4.7 Subtotal before Reimbursements and Taxes (Lines 4.1 to 4.6)	0	0	0	0	0	0	0	0	0	0
	4.8 Reimbursements by uninsured plans and fiscal intermediaries	0	0	0	0	0	0	0	0	0	0
	4.9 Taxes, Licenses and Fees (in total, for tying purposes)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0
	4.10 Total (4.7 to 4.9)	0	0	0	0	0	0	0	0	0	0
	4.11 Total Fraud and Abuse Detection/Recovery Expenses included in Column 7 (informational only)	0	0	0	0	0	0	0	0	0	0
5.	Small Group Mini-Med Plans Expenses:										
	5.1 Salaries (including $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	5.2 Outsourced Services	0	0	0	0	0	0	0	0	0	0
	5.3 EDP Equipment and Software (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	5.4 Other Equipment (excl. EDP) (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	5.5 Accreditation and Certification (incl $ 0 for affiliated services)	0	XXX	XXX	XXX	XXX	0	0	0	0	0
	5.6 Other Expenses (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	5.7 Subtotal before Reimbursements and Taxes (Lines 5.1 to 5.6)	0	0	0	0	0	0	0	0	0	0
	5.8 Reimbursements by uninsured plans and fiscal intermediaries	0	0	0	0	0	0	0	0	0	0
	5.9 Taxes, Licenses and Fees (in total, for tying purposes)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0
	5.10 Total (5.7 to 5.9)	0	0	0	0	0	0	0	0	0	0
	5.11 Total Fraud and Abuse Detection/Recovery Expenses included in Column 7 (informational only)	0	0	0	0	0	0	0	0	0	0
6.	Large Group Mini-Med Plans Expenses:										
	6.1 Salaries (including $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	6.2 Outsourced Services	0	0	0	0	0	0	0	0	0	0
	6.3 EDP Equipment and Software (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	6.4 Other Equipment (excl. EDP) (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	6.5 Accreditation and Certification (incl $ 0 for affiliated services)	0	XXX	XXX	XXX	XXX	0	0	0	0	0
	6.6 Other Expenses (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	6.7 Subtotal before Reimbursements and Taxes (Lines 6.1 to 6.6)	0	0	0	0	0	0	0	0	0	0
	6.8 Reimbursements by uninsured plans and fiscal intermediaries	0	0	0	0	0	0	0	0	0	0
	6.9 Taxes, Licenses and Fees (in total, for tying purposes)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0
	6.10 Total (6.7 to 6.9)	0	0	0	0	0	0	0	0	0	0
	6.11 Total Fraud and Abuse Detection/Recovery Expenses included in Column 7 (informational only)	0	0	0	0	0	0	0	0	0	0

SUPPLEMENT FOR THE YEAR 2018 OF THE UnitedHealthcare Insurance Company

SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 3 (Continued)

	All Expenses	Improving Health Care Quality Expenses						Claims Adjustment Expenses		9	10
		1 Improve Health Outcomes	2 Activities to Prevent Hospital Readmissions	3 Improve Patient Safety and Reduce Medical Errors	4 Wellness & Health Promotion Activities	5 HIT Expenses	6 Total (1 to 5)	7 Cost Containment Expenses	8 Other Claims Adjustment Expenses	General Administrative Expenses	Total Expenses (6 to 9)
7.	Small Group Expatriate Plans Expenses:										
	7.1 Salaries (including $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	7.2 Outsourced Services	0	0	0	0	0	0	0	0	0	0
	7.3 EDP Equipment and Software (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	7.4 Other Equipment (excl. EDP) (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	7.5 Accreditation and Certification (incl $ 0 for affiliated services)	0	XXX	XXX	XXX	XXX	0	0	0	0	0
	7.6 Other Expenses (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	7.7 Subtotal before Reimbursements and Taxes (Lines 7.1 to 7.6)	0	0	0	0	0	0	0	0	0	0
	7.8 Reimbursements by uninsured plans and fiscal intermediaries	0	0	0	0	0	0	0	0	0	0
	7.9 Taxes, Licenses and Fees (in total, for tying purposes)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0
	7.10 Total (7.7 to 7.9)	0	0	0	0	0	0	0	0	0	0
	7.11 Total Fraud and Abuse Detection/Recovery Expenses included in Column 7 (informational only)	0	0	0	0	0	0	0	0	0	0
8.	Large Group Expatriate Plans Expenses:										
	8.1 Salaries (including $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	8.2 Outsourced Services	0	0	0	0	0	0	0	0	0	0
	8.3 EDP Equipment and Software (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	8.4 Other Equipment (excl. EDP) (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	8.5 Accreditation and Certification (incl $ 0 for affiliated services)	0	XXX	XXX	XXX	XXX	0	0	0	0	0
	8.6 Other Expenses (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	8.7 Subtotal before Reimbursements and Taxes (Lines 8.1 to 8.6)	0	0	0	0	0	0	0	0	0	0
	8.8 Reimbursements by uninsured plans and fiscal intermediaries	0	0	0	0	0	0	0	0	0	0
	8.9 Taxes, Licenses and Fees (in total, for tying purposes)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0
	8.10 Total (8.7 to 8.9)	0	0	0	0	0	0	0	0	0	0
	8.11 Total Fraud and Abuse Detection/Recovery Expenses included in Column 7 (informational only)	0	0	0	0	0	0	0	0	0	0
9.	Student Health Plans Expenses:										
	9.1 Salaries (including $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	9.2 Outsourced Services	0	0	0	0	0	0	0	0	0	0
	9.3 EDP Equipment and Software (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	9.4 Other Equipment (excl. EDP) (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	9.5 Accreditation and Certification (incl $ 0 for affiliated services)	0	XXX	XXX	XXX	XXX	0	0	0	0	0
	9.6 Other Expenses (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	9.7 Subtotal before Reimbursements and Taxes (Lines 9.1 to 9.6)	0	0	0	0	0	0	0	0	0	0
	9.8 Reimbursements by uninsured plans and fiscal intermediaries	0	0	0	0	0	0	0	0	0	0
	9.9 Taxes, Licenses and Fees (in total, for tying purposes)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0
	9.10 Total (9.7 to 9.9)	0	0	0	0	0	0	0	0	0	0
	9.11 Total Fraud and Abuse Detection/Recovery Expenses included in Column 7 (informational only)	0	0	0	0	0	0	0	0	0	0

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SUPPLEMENT FOR THE YEAR 2018 OF THE UnitedHealthcare Insurance Company

SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 1

(To Be Filed by April 1 - Not for Rebate Purposes - See Cautionary Statement at http://www.naic.org/documents/committees_e_app_blanks_related_shce_cautionary_statement.pdf)

REPORT FOR: 1. CORPORATION UnitedHealthcare Insurance Company 2. 185 Asylum Street Hartford, CT 061033408 (LOCATION)

NAIC Group Code 0707 BUSINESS IN THE STATE OF Kentucky DURING THE YEAR 2018 NAIC Company Code 79413

	Business Subject to MLR								9	10	11	12	13	14	15
	Comprehensive Health Coverage			Mini-Med Plans			Expatriate Plans								
	1 Individual	2 Small Group Employer	3 Large Group Employer	4 Individual	5 Small Group Employer	6 Large Group Employer	7 Small Group	8 Large Group	Student Health Plans	Government Business (excluded by statute)	Other Health Business	Medicare Advantage Part C and Medicare Part D Stand-Alone Subject to ACA	Subtotal (Cols. 1 through 12)	Uninsured Plans	Total 13 + 14
1. Premium:															
1.1 Health premiums earned (From Part 2, Line 1.11)	32,271	878,094	62,020,519	0	0	0	0	0	0	0	154,253,620	85,632,909	302,817,413	XXX	302,817,413
1.2 Federal high risk pools	0	0	0	0	0	0	0	0	0	0	0	0	0	XXX	0
1.3 State high risk pools	0	(5,890)	(454,357)	0	0	0	0	0	0	0	22,322	0	(437,925)	XXX	(437,925)
1.4 Premiums earned including state and federal high risk programs (Lines 1.1 + 1.2 + 1.3)	32,271	872,203	61,566,163	0	0	0	0	0	0	0	154,275,941	85,632,909	302,379,488	XXX	302,379,488
1.5 Federal taxes and federal assessments	(16,468)	40,054	2,096,023	0	0	0	0	0	0	0	1,840,290	5,150,978	9,110,876	0	9,110,876
1.6 State insurance, premium and other taxes (Similar local taxes of $ 30,770)	101,715	22,663	1,474,746	0	0	0	0	0	0	0	2,732,201	9,018	4,340,343	0	4,340,343
1.6a Community Benefit Expenditures (informational only)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
1.7 Regulatory authority licenses and fees	0	14	7,437	0	0	0	0	0	0	0	(33,789)	0	(26,338)	0	(26,338)
1.8 Adjusted Premiums Earned (Lines 1.4 - 1.5 - 1.6 - 1.7)	(52,975)	809,472	57,987,957	0	0	0	0	0	0	0	149,737,239	80,472,913	288,954,606	XXX	288,954,606
1.9 Net Assumed less Ceded reinsurance premiums earned	925	88,692	(12,000,349)	0	0	0	0	0	0	0	(113,443)	55,465	(11,968,709)	XXX	(11,968,709)
1.10 Other Adjustments due to MLR calculations - Premiums	0	0	3,623	0	0	0	0	0	0	0	12,240	1,421,167	1,437,030	XXX	1,437,030
1.11 Risk Revenue	0	0	0	0	0	0	0	0	0	0	0	0	0	XXX	0
1.12 Net adjusted premiums earned after reinsurance (Lines 1.8 + 1.9 + 1.10 + 1.11)	(52,050)	898,165	45,991,231	0	0	0	0	0	0	0	149,636,036	81,949,545	278,422,927	XXX	278,422,927
2. Claims:															
2.1 Incurred claims excluding prescription drugs	12,964	526,604	42,159,009	0	0	0	0	0	0	0	115,078,370	12,008,365	169,785,312	XXX	169,785,312
2.2 Prescription drugs	0	190,262	8,068,064	0	0	0	0	0	0	0	2,882,958	102,644,354	113,785,637	XXX	113,785,637
2.3 Pharmaceutical rebates	0	30,641	3,012,995	0	0	0	0	0	0	0	28,606	56,814,436	59,886,679	XXX	59,886,679
2.4 State stop loss, market stabilization and claim/census based assessments (informational only)	1	6,515	45,876	0	0	0	0	0	0	0	0	0	52,393	XXX	52,393
3. Incurred medical incentive pools and bonuses	0	7,077	69,750	0	0	0	0	0	0	0	0	0	76,827	XXX	76,827
4. Deductible Fraud and Abuse Detection/Recovery Expenses (for MLR use only)	0	2,371	13,060	0	0	0	0	0	0	0	0	2,031	17,462	0	17,462
5. 5.0 Total Incurred Claims (Lines 2.1 + 2.2 - 2.3 + 3) (From Part 2, Line 2.15)	12,964	693,302	47,283,827	0	0	0	0	0	0	0	117,932,721	57,838,283	223,761,097	XXX	223,761,097
5.1 Net Assumed less Ceded reinsurance claims incurred	0	0	(9,126,640)	0	0	0	0	0	0	0	(45,351)	0	(9,171,992)	XXX	(9,171,992)
5.2 Other Adjustments due to MLR calculations - Claims	0	0	0	0	0	0	0	0	0	0	0	0	0	XXX	0
5.3 Rebates paid	0	0	0	0	0	0	0	0	0	XXX	XXX	0	0	XXX	0
5.4 Estimated rebates unpaid prior year	0	0	0	0	0	0	0	0	0	XXX	XXX	0	0	XXX	0
5.5 Estimated rebates unpaid current year	0	0	0	0	0	0	0	0	0	XXX	XXX	0	0	XXX	0
5.6 Fee for service and co-pay revenue	0	0	0	0	0	0	0	0	0	0	0	0	0	XXX	0
5.7 Net incurred claims after reinsurance (Lines 5.0 + 5.1 + 5.2 + 5.3 - 5.4 + 5.5 - 5.6)	12,964	693,302	38,157,186	0	0	0	0	0	0	0	117,887,370	57,838,283	214,589,105	XXX	214,589,105
6. Improving Health Care Quality Expenses Incurred:															
6.1 Improve health outcomes	258	7,025	496,164	0	0	0	0	0	0	0	325,294	230,250	1,058,991	0	1,058,991
6.2 Activities to prevent hospital readmissions	0	0	0	0	0	0	0	0	0	0	75,254	38,808	114,062	0	114,062
6.3 Improve patient safety and reduce medical errors	0	0	0	0	0	0	0	0	0	0	56,629	482,744	539,373	0	539,373
6.4 Wellness and health promotion activities	0	0	0	0	0	0	0	0	0	0	1,111,901	(36,649)	1,075,252	0	1,075,252
6.5 Health Information Technology expenses related to health improvement	0	0	0	0	0	0	0	0	0	0	60,926	409,452	470,378	0	470,378
6.6 Total of Defined Expenses Incurred for Improving Health Care Quality (Lines 6.1+6.2+6.3+6.4+6.5)	258	7,025	496,164	0	0	0	0	0	0	0	1,630,004	1,124,605	3,258,057	0	3,258,057
7. Preliminary Medical Loss Ratio: MLR ((Lines 4 + 5.0 + 6.6 - Footnote 2.0)/Line 1.8	(0.250)	0.868	0.824	0.000	0.000	0.000	0.000	0.000	0.000	XXX	XXX	0.733	XXX	XXX	XXX
8. Claims Adjustment Expenses:															
8.1 Cost containment expenses not included in quality of care expenses in Line 6.6	530	12,095	771,014	0	0	0	0	0	0	0	109,499	2,950,813	3,843,951	0	3,843,951
8.2 All other claims adjustment expenses	10,314	14,886	948,317	0	0	0	0	0	0	0	2,165,930	9,501,144	12,640,592	0	12,640,592
8.3 Total claims adjustment expenses (Lines 8.1 + 8.2)	10,844	26,981	1,719,331	0	0	0	0	0	0	0	2,275,430	12,451,957	16,484,542	0	16,484,542
9. Claims Adjustment Expense Ratio (Line 8.3/Line 1.8)	(0.205)	0.033	0.030	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.015	0.155	XXX	XXX	XXX

SUPPLEMENT FOR THE YEAR 2018 OF THE UnitedHealthcare Insurance Company

SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 1 (Continued)

	Business Subject to MLR									10	11	12	13	14	15
	Comprehensive Health Coverage			Mini-Med Plans			Expatriate Plans		9			Medicare Advantage Part C and Medicare Part D Stand-Alone Subject to ACA			
	1 Individual	2 Small Group Employer	3 Large Group Employer	4 Individual	5 Small Group Employer	6 Large Group Employer	7 Small Group	8 Large Group	Student Health Plans	Government Business (excluded by statute)	Other Health Business		Subtotal (Cols. 1 through 12)	Uninsured Plans	Total 13 + 14
10. General and Administrative (G&A) Expenses:															
10.1 Direct sales salaries and benefits	43	3,718	330,743	0	0	0	0	0	0	0	215,667	131,452	681,624	0	681,624
10.2 Agents and brokers fees and commissions	0	50,091	2,095,479	0	0	0	0	0	0	0	5,825,353	1,210,522	9,181,446	0	9,181,446
10.3 Other taxes (excluding taxes on Lines 1.5 through 1.7 and Line 14 below)	(5,748)	(17,718)	69,130	0	0	0	0	0	0	0	290,733	157,864	494,261	0	494,261
10.4 Other general and administrative expenses	505	55,854	1,630,544	0	0	0	0	0	0	0	14,920,860	5,480,292	22,088,055	0	22,088,055
10.4a Community Benefit Expenditures (informational only)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
10.5 Total general and administrative (Lines 10.1 +10.2 + 10.3 + 10.4)	(5,200)	91,946	4,125,895	0	0	0	0	0	0	0	21,252,614	6,980,130	32,445,385	0	32,445,385
11. Underwriting Gain/(Loss) (Lines 1.12 - 5.7 - 6.6 - 8.3 - 10.5)	(70,916)	78,911	1,492,654	0	0	0	0	0	0	0	6,590,618	3,554,570	11,645,837	XXX	11,645,837
12. Income from fees of uninsured plans	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0
13. Net investment and other gain/(loss)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	3,768,846	XXX	3,768,846
14. Federal income taxes (excluding taxes on Line 1.5 above)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	219,100	XXX	219,100
15. Net gain or (loss) (Lines 11 + 12 + 13 - 14)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	15,195,583	XXX	15,195,583
16. ICD-10 Implementation Expenses (informational only; already included in general expenses and line 10.4)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
16. 16a ICD-10 Implementation Expenses (informational only; already included in line 10.4)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
OTHER INDICATORS:															
1. Number of certificates/policies	2	53	5,645	0	0	0	0	0	0	0	108,681	50,037	164,418	0	164,418
2. Number of Covered Lives	2	115	9,976	0	0	0	0	0	0	0	151,206	50,037	211,336	0	211,336
3. Number of Groups	XXX	12	40	XXX	0	0	0	0	0	0	918	2	972	0	972
4. Member Months	24	2,081	168,364	0	0	0	0	0	0	0	1,866,232	614,677	2,651,378	0	2,651,378

Is run off business reported in Columns 1 through 9 or 12? Yes [ ] No [ ] If yes, show the amount of premiums and claims included. Premiums $ 0 Claims $ 0

216-2.KY

AFFORDABLE CARE ACT (ACA) RECEIPTS, PAYMENTS, RECEIVABLES and PAYABLES

	Current Year Comprehensive Health Coverage		Prior Year Comprehensive Health Coverage	
	1 Individual Plans	2 Small Group Employer Plans	3 Individual Plans	4 Small Group Employer Plans
ACA Receivables and Payables				
1. Permanent ACA Risk Adjustment Program				
1.0 Premium adjustments receivable/(payable)	0	(165,678)	0	(64,634)
2. Transitional ACA Reinsurance Program				
2.0 Total amounts recoverable for claims (paid & unpaid)	0	XXX	0	XXX
3. Temporary ACA Risk Corridors Program				
3.1 Accrued retrospective premium	0	0	0	0
3.2 Reserve for rate credits or policy experience refunds	0	0	0	0
ACA Receipts and Payments				
4. Permanent ACA Risk Adjustment Program				
4.0 Premium adjustments receipts/(payments)	0	54,617	0	(222,329)
5. Transitional ACA Reinsurance Program				
5.0 Amounts received for claims	0	XXX	0	XXX
6. Temporary ACA Risk Corridors Program				
6.1 Retrospective premium received	0	0	0	0
6.2 Rate credits or policy experience refunds paid	0	0	0	0

SUPPLEMENT FOR THE YEAR 2018 OF THE UnitedHealthcare Insurance Company

SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 2

(To Be Filed by April 1 - Not for Rebate Purposes)

REPORT FOR: 1. CORPORATION UnitedHealthcare Insurance Company 2. 185 Asylum Street Hartford, CT 061033408 (LOCATION)

NAIC Group Code 0707 BUSINESS IN THE STATE OF Kentucky DURING THE YEAR 2018 NAIC Company Code 79413

	Business Subject to MLR												
	Comprehensive Health Coverage			Mini-Med Plans			Expatriate Plans:		9	10	11	12	13
	1	2	3	4	5	6	7	8					
	Individual	Small Group Employer	Large Group Employer	Individual	Small Group Employer	Large Group Employer	Small Group	Large Group	Student Health Plans	Government Business (excluded by statute)	Other Health Business	Medicare Advantage Part C and Medicare Part D Stand-Alone Subject to ACA	Total (a)
1. Health Premiums Earned:													
1.1 Direct premiums written	32,271	878,095	62,024,142	0	0	0	0	0	0	0	154,266,022	87,054,077	304,254,607
1.2 Unearned premium prior year	0	(2)	0	0	0	0	0	0	0	0	24	0	22
1.3 Unearned premium current year	0	0	0	0	0	0	0	0	0	0	186	0	186
1.4 Change in unearned premium (Lines 1.2 - 1.3)	0	(2)	0	0	0	0	0	0	0	0	(162)	0	(164)
1.5 Paid rate credits	58	0	285,428	0	0	0	0	0	0	0	4,553,550	10,611,214	15,450,251
1.6 Reserve for rate credits current year	0	0	0	0	0	0	0	0	0	0	214,965	5,114,111	5,329,076
1.7 Reserve for rate credits prior year	0	0	0	0	0	0	0	0	0	0	266,740	7,397,542	7,664,282
1.8 Change in reserve for rate credits (Lines 1.6 - 1.7)	0	0	0	0	0	0	0	0	0	0	(51,775)	(2,283,430)	(2,335,206)
1.9 Premium balances written off	0	0	3,623	0	0	0	0	0	0	0	12,240	1,421,167	1,437,030
1.10 Group conversion charge	0	0	0	0	0	0	0	0	0	0	0	0	0
1.11 Total direct premiums earned (Lines 1.1 + 1.4 - 1.9 + 1.10)	32,271	878,094	62,020,519	0	0	0	0	0	0	0	154,253,620	85,632,909	302,817,413
1.12 Assumed premiums earned from non-affiliates	0	0	0	0	0	0	0	0	0	0	0	0	0
1.13 Net Assumed less Ceded premiums earned from affiliates	925	88,692	94,287	0	0	0	0	0	0	0	0	55,465	239,369
1.14 Ceded premiums earned to non-affiliates	0	0	12,094,636	0	0	0	0	0	0	0	113,443	0	12,208,079
1.15 Other Adjustments due to MLR calculation - Premiums	0	0	3,623	0	0	0	0	0	0	0	12,240	1,421,167	1,437,030
1.16 Net premiums earned (Lines 1.11 - 1.5 - 1.8 + 1.12 + 1.13 - 1.14 + 1.15)	33,138	966,786	49,738,366	0	0	0	0	0	0	0	149,650,642	78,781,757	279,170,689
2. Direct Claims Incurred:													
2.1 Paid claims during the year	17,683	687,970	49,447,887	0	0	0	0	0	0	0	113,170,927	48,485,670	211,810,137
2.2 Direct claim liability current year	2,730	137,851	4,355,123	0	0	0	0	0	0	0	16,180,034	4,577,451	25,253,189
2.3 Direct claim liability prior year	7,507	165,662	7,306,851	0	0	0	0	0	0	0	16,051,625	6,926,594	30,458,239
2.4 Direct claim reserves current year	0	3,011	95,576	0	0	0	0	0	0	0	4,937,377	1,872	5,037,836
2.5 Direct claim reserves prior year	0	1,988	181,131	0	0	0	0	0	0	0	4,836,237	2,858	5,022,214
2.6 Direct contract reserves current year	0	0	0	0	0	0	0	0	0	0	65,234	0	65,234
2.7 Direct contract reserves prior year	0	0	0	0	0	0	0	0	0	0	26,326	0	26,326
2.8 Paid rate credits	58	0	285,428	0	0	0	0	0	0	0	4,553,550	10,611,214	15,450,251
2.9 Reserve for rate credits current year	0	0	0	0	0	0	0	0	0	0	214,965	5,114,111	5,329,076
2.10 Reserve for rate credits prior year	0	0	0	0	0	0	0	0	0	0	266,740	7,397,542	7,664,282
2.11 Incurred medical incentive pools and bonuses (Lines 2.11a + 2.11b - 2.11c)	0	7,077	69,750	0	0	0	0	0	0	0	0	0	76,827
2.11a Paid medical incentive pools and bonuses current year	0	3,651	47,445	0	0	0	0	0	0	0	0	0	51,096
2.11b Accrued medical incentive pools and bonuses current year	0	5,972	110,250	0	0	0	0	0	0	0	0	8,915	125,137
2.11c Accrued medical incentive pools and bonuses prior year	0	2,546	87,946	0	0	0	0	0	0	0	0	8,915	99,406
2.12 Net healthcare receivables (Lines 2.12a - 2.12b)	0	(25,042)	(518,046)	0	0	0	0	0	0	0	8,437	(3,374,957)	(3,909,607)
2.12a Healthcare receivables current year	0	22,448	1,019,585	0	0	0	0	0	0	0	8,437	11,010,660	12,061,129
2.12b Healthcare receivables prior year	0	47,489	1,537,631	0	0	0	0	0	0	0	0	14,385,617	15,970,737
2.13 Group conversion charge	0	0	0	0	0	0	0	0	0	0	0	0	0
2.14 Multi-option coverage blended rate adjustment	0	0	0	0	0	0	0	0	0	0	0	0	0
2.15 Total incurred claims (Lines 2.1 + 2.2 - 2.3 + 2.4 - 2.5 + 2.6 - 2.7 + 2.8 + 2.9 - 2.10 + 2.11 - 2.12 + 2.13 + 2.14)	12,964	693,302	47,283,827	0	0	0	0	0	0	0	117,932,721	57,838,283	223,761,097
2.16 Assumed incurred claims from non-affiliates	0	0	0	0	0	0	0	0	0	0	0	0	0
2.17 Net assumed less ceded incurred claims from affiliates	0	0	0	0	0	0	0	0	0	0	0	0	0
2.18 Ceded incurred claims to non-affiliates	0	0	9,126,640	0	0	0	0	0	0	0	45,351	0	9,171,992
2.19 Other adjustments due to MLR calculation - Claims	0	0	0	0	0	0	0	0	0	0	0	0	0
2.20 Net Incurred Claims (Lines 2.15 - 2.8 - 2.9 + 2.10 + 2.16 + 2.17 - 2.18 + 2.19)	12,906	693,302	37,871,759	0	0	0	0	0	0	0	113,385,595	49,510,499	201,474,060
3. Fraud and Abuse Recoveries that Reduced PAID Claims in Line 2.1 above (informational only)	0	2,371	13,060	0	0	0	0	0	0	0	0	2,031	17,462

(a) Column 13, Line 1.1 includes direct written premium of $ 1,103,092 for stand-alone dental and $ 4,496,828 for stand-alone vision policies.

SUPPLEMENT FOR THE YEAR 2018 OF THE UnitedHealthcare Insurance Company

SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 3

(To Be Filed by April 1 - Not for Rebate Purposes)

REPORT FOR: 1. CORPORATION UnitedHealthcare Insurance Company 2. 185 Asylum Street Hartford, CT 061033408 (LOCATION)

NAIC Group Code 0707 BUSINESS IN THE STATE OF Kentucky DURING THE YEAR 2018 NAIC Company Code 79413

	All Expenses	Improving Health Care Quality Expenses						Claims Adjustment Expenses		9	10
		1 Improve Health Outcomes	2 Activities to Prevent Hospital Readmissions	3 Improve Patient Safety and Reduce Medical Errors	4 Wellness & Health Promotion Activities	5 HIT Expenses	6 Total (1 to 5)	7 Cost Containment Expenses	8 Other Claims Adjustment Expenses	General Administrative Expenses	Total Expenses (6 to 9)
1.	Individual Comprehensive Coverage Expenses:										
	1.1 Salaries (including $ 3,196 for affiliated services)	0	0	0	0	0	0	32	2,994	170	3,196
	1.2 Outsourced Services	0	0	0	0	0	0	419	343	272	1,034
	1.3 EDP Equipment and Software (incl $ 263 for affiliated services)	0	0	0	0	0	0	3	250	11	263
	1.4 Other Equipment (excl. EDP) (incl $ 25 for affiliated services)	0	0	0	0	0	0	0	24	1	25
	1.5 Accreditation and Certification (incl $ 3 for affiliated services)	0	XXX	XXX	XXX	XXX	0	0	3	0	3
	1.6 Other Expenses (incl $ 7,115 for affiliated services)	258	0	0	0	0	258	72	6,696	91	7,118
	1.7 Subtotal before Reimbursements and Taxes (Lines 1.1 to 1.6)	258	0	0	0	0	258	526	10,310	545	11,639
	1.8 Reimbursements by uninsured plans and fiscal intermediaries	0	0	0	0	0	0	0	0	0	0
	1.9 Taxes, Licenses and Fees (in total, for tying purposes)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	95,978	95,978
	1.10 Total (1.7 to 1.9)	258	0	0	0	0	258	526	10,310	96,523	107,617
	1.11 Total Fraud and Abuse Detection/Recovery Expenses included in Column 7 (informational only)	0	0	0	0	0	0	35	0	0	35
2.	Small Group Comprehensive Coverage Expenses:										
	2.1 Salaries (including $ 25,441 for affiliated services)	0	0	0	0	0	0	2,863	4,216	18,362	25,441
	2.2 Outsourced Services	0	0	0	0	0	0	1,955	483	2,590	5,028
	2.3 EDP Equipment and Software (incl $ 1,825 for affiliated services)	0	0	0	0	0	0	239	352	1,234	1,825
	2.4 Other Equipment (excl. EDP) (incl $ 175 for affiliated services)	0	0	0	0	0	0	23	34	118	175
	2.5 Accreditation and Certification (incl $ 19 for affiliated services)	0	XXX	XXX	XXX	XXX	0	2	4	13	19
	2.6 Other Expenses (incl $ 58,848 for affiliated services)	7,025	0	0	0	0	7,025	6,666	9,429	87,082	110,202
	2.7 Subtotal before Reimbursements and Taxes (Lines 2.1 to 2.6)	7,025	0	0	0	0	7,025	11,748	14,517	109,400	142,690
	2.8 Reimbursements by uninsured plans and fiscal intermediaries	0	0	0	0	0	0	0	0	0	0
	2.9 Taxes, Licenses and Fees (in total, for tying purposes)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	5,938	5,938
	2.10 Total (2.7 to 2.9)	7,025	0	0	0	0	7,025	11,748	14,517	115,338	148,628
	2.11 Total Fraud and Abuse Detection/Recovery Expenses included in Column 7 (informational only)	0	0	0	0	0	0	2,994	0	0	2,994
3.	Large Group Comprehensive Coverage Expenses:										
	3.1 Salaries (including $ 1,486,575 for affiliated services)	0	0	0	0	0	0	193,758	270,020	1,022,797	1,486,575
	3.2 Outsourced Services	0	0	0	0	0	0	89,723	30,945	110,062	230,730
	3.3 EDP Equipment and Software (incl $ 97,511 for affiliated services)	0	0	0	0	0	0	16,180	22,548	58,783	97,511
	3.4 Other Equipment (excl. EDP) (incl $ 9,360 for affiliated services)	0	0	0	0	0	0	1,553	2,164	5,642	9,360
	3.5 Accreditation and Certification (incl $ 1,016 for affiliated services)	0	XXX	XXX	XXX	XXX	0	169	235	613	1,016
	3.6 Other Expenses (incl $ 3,324,063 for affiliated services)	496,164	0	0	0	0	496,164	446,459	603,918	2,837,544	4,384,085
	3.7 Subtotal before Reimbursements and Taxes (Lines 3.1 to 3.6)	496,164	0	0	0	0	496,164	747,842	929,830	4,035,441	6,209,277
	3.8 Reimbursements by uninsured plans and fiscal intermediaries	0	0	0	0	0	0	0	0	0	0
	3.9 Taxes, Licenses and Fees (in total, for tying purposes)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1,614,296	1,614,296
	3.10 Total (3.7 to 3.9)	496,164	0	0	0	0	496,164	747,842	929,830	5,649,737	7,823,573
	3.11 Total Fraud and Abuse Detection/Recovery Expenses included in Column 7 (informational only)	0	0	0	0	0	0	218,374	0	0	218,374

SUPPLEMENT FOR THE YEAR 2018 OF THE UnitedHealthcare Insurance Company

SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 3 (Continued)

	All Expenses	Improving Health Care Quality Expenses						Claims Adjustment Expenses		9	10
		1 Improve Health Outcomes	2 Activities to Prevent Hospital Readmissions	3 Improve Patient Safety and Reduce Medical Errors	4 Wellness & Health Promotion Activities	5 HIT Expenses	6 Total (1 to 5)	7 Cost Containment Expenses	8 Other Claims Adjustment Expenses	General Administrative Expenses	Total Expenses (6 to 9)
4.	Individual Mini-Med Plans Expenses:										
	4.1 Salaries (including $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	4.2 Outsourced Services	0	0	0	0	0	0	0	0	0	0
	4.3 EDP Equipment and Software (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	4.4 Other Equipment (excl. EDP) (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	4.5 Accreditation and Certification (incl $ 0 for affiliated services)	0	XXX	XXX	XXX	XXX	0	0	0	0	0
	4.6 Other Expenses (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	4.7 Subtotal before Reimbursements and Taxes (Lines 4.1 to 4.6)	0	0	0	0	0	0	0	0	0	0
	4.8 Reimbursements by uninsured plans and fiscal intermediaries	0	0	0	0	0	0	0	0	0	0
	4.9 Taxes, Licenses and Fees (in total, for tying purposes)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0
	4.10 Total (4.7 to 4.9)	0	0	0	0	0	0	0	0	0	0
	4.11 Total Fraud and Abuse Detection/Recovery Expenses included in Column 7 (informational only)	0	0	0	0	0	0	0	0	0	0
5.	Small Group Mini-Med Plans Expenses:										
	5.1 Salaries (including $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	5.2 Outsourced Services	0	0	0	0	0	0	0	0	0	0
	5.3 EDP Equipment and Software (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	5.4 Other Equipment (excl. EDP) (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	5.5 Accreditation and Certification (incl $ 0 for affiliated services)	0	XXX	XXX	XXX	XXX	0	0	0	0	0
	5.6 Other Expenses (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	5.7 Subtotal before Reimbursements and Taxes (Lines 5.1 to 5.6)	0	0	0	0	0	0	0	0	0	0
	5.8 Reimbursements by uninsured plans and fiscal intermediaries	0	0	0	0	0	0	0	0	0	0
	5.9 Taxes, Licenses and Fees (in total, for tying purposes)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0
	5.10 Total (5.7 to 5.9)	0	0	0	0	0	0	0	0	0	0
	5.11 Total Fraud and Abuse Detection/Recovery Expenses included in Column 7 (informational only)	0	0	0	0	0	0	0	0	0	0
6.	Large Group Mini-Med Plans Expenses:										
	6.1 Salaries (including $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	6.2 Outsourced Services	0	0	0	0	0	0	0	0	0	0
	6.3 EDP Equipment and Software (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	6.4 Other Equipment (excl. EDP) (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	6.5 Accreditation and Certification (incl $ 0 for affiliated services)	0	XXX	XXX	XXX	XXX	0	0	0	0	0
	6.6 Other Expenses (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	6.7 Subtotal before Reimbursements and Taxes (Lines 6.1 to 6.6)	0	0	0	0	0	0	0	0	0	0
	6.8 Reimbursements by uninsured plans and fiscal intermediaries	0	0	0	0	0	0	0	0	0	0
	6.9 Taxes, Licenses and Fees (in total, for tying purposes)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0
	6.10 Total (6.7 to 6.9)	0	0	0	0	0	0	0	0	0	0
	6.11 Total Fraud and Abuse Detection/Recovery Expenses included in Column 7 (informational only)	0	0	0	0	0	0	0	0	0	0

SUPPLEMENT FOR THE YEAR 2018 OF THE UnitedHealthcare Insurance Company

SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 3 (Continued)

	All Expenses	Improving Health Care Quality Expenses						Claims Adjustment Expenses		9	10
		1 Improve Health Outcomes	2 Activities to Prevent Hospital Readmissions	3 Improve Patient Safety and Reduce Medical Errors	4 Wellness & Health Promotion Activities	5 HIT Expenses	6 Total (1 to 5)	7 Cost Containment Expenses	8 Other Claims Adjustment Expenses	General Administrative Expenses	Total Expenses (6 to 9)
7.	Small Group Expatriate Plans Expenses:										
	7.1 Salaries (including $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	7.2 Outsourced Services	0	0	0	0	0	0	0	0	0	0
	7.3 EDP Equipment and Software (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	7.4 Other Equipment (excl. EDP) (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	7.5 Accreditation and Certification (incl $ 0 for affiliated services)	0	XXX	XXX	XXX	XXX	0	0	0	0	0
	7.6 Other Expenses (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	7.7 Subtotal before Reimbursements and Taxes (Lines 7.1 to 7.6)	0	0	0	0	0	0	0	0	0	0
	7.8 Reimbursements by uninsured plans and fiscal intermediaries	0	0	0	0	0	0	0	0	0	0
	7.9 Taxes, Licenses and Fees (in total, for tying purposes)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0
	7.10 Total (7.7 to 7.9)	0	0	0	0	0	0	0	0	0	0
	7.11 Total Fraud and Abuse Detection/Recovery Expenses included in Column 7 (informational only)	0	0	0	0	0	0	0	0	0	0
8.	Large Group Expatriate Plans Expenses:										
	8.1 Salaries (including $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	8.2 Outsourced Services	0	0	0	0	0	0	0	0	0	0
	8.3 EDP Equipment and Software (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	8.4 Other Equipment (excl. EDP) (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	8.5 Accreditation and Certification (incl $ 0 for affiliated services)	0	XXX	XXX	XXX	XXX	0	0	0	0	0
	8.6 Other Expenses (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	8.7 Subtotal before Reimbursements and Taxes (Lines 8.1 to 8.6)	0	0	0	0	0	0	0	0	0	0
	8.8 Reimbursements by uninsured plans and fiscal intermediaries	0	0	0	0	0	0	0	0	0	0
	8.9 Taxes, Licenses and Fees (in total, for tying purposes)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0
	8.10 Total (8.7 to 8.9)	0	0	0	0	0	0	0	0	0	0
	8.11 Total Fraud and Abuse Detection/Recovery Expenses included in Column 7 (informational only)	0	0	0	0	0	0	0	0	0	0
9.	Student Health Plans Expenses:										
	9.1 Salaries (including $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	9.2 Outsourced Services	0	0	0	0	0	0	0	0	0	0
	9.3 EDP Equipment and Software (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	9.4 Other Equipment (excl. EDP) (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	9.5 Accreditation and Certification (incl $ 0 for affiliated services)	0	XXX	XXX	XXX	XXX	0	0	0	0	0
	9.6 Other Expenses (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	9.7 Subtotal before Reimbursements and Taxes (Lines 9.1 to 9.6)	0	0	0	0	0	0	0	0	0	0
	9.8 Reimbursements by uninsured plans and fiscal intermediaries	0	0	0	0	0	0	0	0	0	0
	9.9 Taxes, Licenses and Fees (in total, for tying purposes)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0
	9.10 Total (9.7 to 9.9)	0	0	0	0	0	0	0	0	0	0
	9.11 Total Fraud and Abuse Detection/Recovery Expenses included in Column 7 (informational only)	0	0	0	0	0	0	0	0	0	0

7 9 4 1 3 2 0 1 8 2 1 6 1 9 1 0 0

SUPPLEMENT FOR THE YEAR 2018 OF THE UnitedHealthcare Insurance Company

SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 1

(To Be Filed by April 1 - Not for Rebate Purposes - See Cautionary Statement at http://www.naic.org/documents/committees_e_app_blanks_related_shce_cautionary_statement.pdf)

REPORT FOR: 1. CORPORATION UnitedHealthcare Insurance Company 2. 185 Asylum Street Hartford, CT 061033408 (LOCATION)

NAIC Group Code 0707 BUSINESS IN THE STATE OF Louisiana DURING THE YEAR 2018 NAIC Company Code 79413

	Business Subject to MLR								9	10	11	12	13	14	15
	Comprehensive Health Coverage			Mini-Med Plans			Expatriate Plans								
	1 Individual	2 Small Group Employer	3 Large Group Employer	4 Individual	5 Small Group Employer	6 Large Group Employer	7 Small Group	8 Large Group	Student Health Plans	Government Business (excluded by statute)	Other Health Business	Medicare Advantage Part C and Medicare Part D Stand-Alone Subject to ACA	Subtotal (Cols. 1 through 12)	Uninsured Plans	Total 13 + 14
1. Premium:															
1.1 Health premiums earned (From Part 2, Line 1.11)	1,985,651	50,932,085	323,035,079	0	0	0	0	0	0	0	127,746,974	94,169,920	597,869,709	XXX	597,869,709
1.2 Federal high risk pools	0	0	0	0	0	0	0	0	0	0	0	0	0	XXX	0
1.3 State high risk pools	(438)	(2,717)	(11,316)	0	0	0	0	0	0	0	47,157	0	32,686	XXX	32,686
1.4 Premiums earned including state and federal high risk programs (Lines 1.1 + 1.2 + 1.3)	1,985,214	50,929,369	323,023,762	0	0	0	0	0	0	0	127,794,131	94,169,920	597,902,396	XXX	597,902,396
1.5 Federal taxes and federal assessments	56,830	1,294,483	12,964,643	0	0	0	0	0	0	366,053	1,968,375	4,947,438	21,597,821	0	21,597,821
1.6 State insurance, premium and other taxes (Similar local taxes of $ 3,427,899)	146,387	1,453,873	9,696,741	0	0	0	0	0	0	86,514	2,890,225	905,513	15,179,253	0	15,179,253
1.6a Community Benefit Expenditures (informational only)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
1.7 Regulatory authority licenses and fees	705	10,626	27,966	0	0	0	0	0	0	0	(19,213)	0	20,084	0	20,084
1.8 Adjusted Premiums Earned (Lines 1.4 - 1.5 - 1.6 - 1.7)	1,781,291	48,170,387	300,334,412	0	0	0	0	0	0	(452,567)	122,954,745	88,316,969	561,105,237	XXX	561,105,237
1.9 Net Assumed less Ceded reinsurance premiums earned	2,764	3,233	(44,820,104)	0	0	0	0	0	0	1,837,428	(1,284,034)	5,100	(44,255,613)	XXX	(44,255,613)
1.10 Other Adjustments due to MLR calculations - Premiums	0	6,719	4,077	0	0	0	0	0	0	0	4,089	876,755	891,639	XXX	891,639
1.11 Risk Revenue	0	0	0	0	0	0	0	0	0	0	0	0	0	XXX	0
1.12 Net adjusted premiums earned after reinsurance (Lines 1.8 + 1.9 + 1.10 + 1.11)	1,784,056	48,180,339	255,518,385	0	0	0	0	0	0	1,384,862	121,674,799	89,198,824	517,741,264	XXX	517,741,264
2. Claims:															
2.1 Incurred claims excluding prescription drugs	1,234,263	33,184,253	204,290,093	0	0	0	0	0	0	0	91,519,169	35,493,484	365,721,261	XXX	365,721,261
2.2 Prescription drugs	453,436	9,561,701	57,807,104	0	0	0	0	0	0	0	5,050,155	75,876,156	148,748,552	XXX	148,748,552
2.3 Pharmaceutical rebates	36,070	2,857,264	18,154,552	0	0	0	0	0	0	0	25,520	41,468,201	62,541,607	XXX	62,541,607
2.4 State stop loss, market stabilization and claim/census based assessments (informational only)	1	17,275	34,368	0	0	0	0	0	0	0	4	0	51,648	XXX	51,648
3. Incurred medical incentive pools and bonuses	0	105,220	1,446,656	0	0	0	0	0	0	0	0	14,484	1,566,359	XXX	1,566,359
4. Deductible Fraud and Abuse Detection/Recovery Expenses (for MLR use only)	0	2,139	97,922	0	0	0	0	0	0	0	0	33	100,093	0	100,093
5. 5.0 Total Incurred Claims (Lines 2.1 + 2.2 - 2.3 + 3) (From Part 2, Line 2.15)	1,651,629	39,993,910	245,389,300	0	0	0	0	0	0	0	96,543,804	69,915,923	453,494,566	XXX	453,494,566
5.1 Net Assumed less Ceded reinsurance claims incurred	0	109,909	(33,820,020)	0	0	0	0	0	0	0	(657,452)	0	(34,367,563)	XXX	(34,367,563)
5.2 Other Adjustments due to MLR calculations - Claims	0	0	(8,757,202)	0	0	0	0	0	0	0	0	(6,885,350)	(15,642,552)	XXX	(15,642,552)
5.3 Rebates paid	0	0	309,846	0	0	0	0	0	0	XXX	XXX	0	309,846	XXX	309,846
5.4 Estimated rebates unpaid prior year	0	(57)	1,147,780	0	0	0	0	0	0	XXX	XXX	0	1,147,722	XXX	1,147,722
5.5 Estimated rebates unpaid current year	0	(57)	9,595,136	0	0	0	0	0	0	XXX	XXX	6,885,350	16,480,428	XXX	16,480,428
5.6 Fee for service and co-pay revenue	0	0	0	0	0	0	0	0	0	0	0	0	0	XXX	0
5.7 Net incurred claims after reinsurance (Lines 5.0 + 5.1 + 5.2 + 5.3 - 5.4 + 5.5 - 5.6)	1,651,629	40,103,819	211,569,280	0	0	0	0	0	0	0	95,886,352	69,915,923	419,127,003	XXX	419,127,003
6. Improving Health Care Quality Expenses Incurred:															
6.1 Improve health outcomes	15,885	407,457	2,584,281	0	0	0	0	0	0	19	236,231	342,200	3,586,073	0	3,586,073
6.2 Activities to prevent hospital readmissions	0	0	0	0	0	0	0	0	0	16	91,110	155,159	246,286	0	246,286
6.3 Improve patient safety and reduce medical errors	0	0	0	0	0	0	0	0	0	5	81,364	294,009	375,378	0	375,378
6.4 Wellness and health promotion activities	0	0	0	0	0	0	0	0	0	3	643,824	275,053	918,880	0	918,880
6.5 Health Information Technology expenses related to health improvement	0	0	0	0	0	0	0	0	0	6	67,032	265,227	332,265	0	332,265
6.6 Total of Defined Expenses Incurred for Improving Health Care Quality (Lines 6.1+6.2+6.3+6.4+6.5)	15,885	407,457	2,584,281	0	0	0	0	0	0	50	1,119,561	1,331,648	5,458,882	0	5,458,882
7. Preliminary Medical Loss Ratio: MLR ((Lines 4 + 5.0 + 6.6 - Footnote 2.0)/Line 1.8	0.936	0.839	0.826	0.000	0.000	0.000	0.000	0.000	0.000	XXX	XXX	0.807	XXX	XXX	XXX
8. Claims Adjustment Expenses:															
8.1 Cost containment expenses not included in quality of care expenses in Line 6.6	14,873	640,087	3,655,400	0	0	0	0	0	0	26	388,472	1,448,269	6,147,128	0	6,147,128
8.2 All other claims adjustment expenses	30,110	971,858	5,092,928	0	0	0	0	0	0	19	2,073,411	4,419,228	12,587,554	0	12,587,554
8.3 Total claims adjustment expenses (Lines 8.1 + 8.2)	44,984	1,611,945	8,748,328	0	0	0	0	0	0	45	2,461,883	5,867,497	18,734,682	0	18,734,682
9. Claims Adjustment Expense Ratio (Line 8.3/Line 1.8)	0.025	0.033	0.029	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.020	0.066	XXX	XXX	XXX

SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 1 (Continued)

	Business Subject to MLR									10	11	12	13	14	15
	Comprehensive Health Coverage			Mini-Med Plans			Expatriate Plans		9						
	1 Individual	2 Small Group Employer	3 Large Group Employer	4 Individual	5 Small Group Employer	6 Large Group Employer	7 Small Group	8 Large Group	Student Health Plans	Government Business (excluded by statute)	Other Health Business	Medicare Advantage Part C and Medicare Part D Stand-Alone Subject to ACA	Subtotal (Cols. 1 through 12)	Uninsured Plans	Total 13 + 14
10. General and Administrative (G&A) Expenses:															
10.1 Direct sales salaries and benefits	5,361	205,114	1,442,547	0	0	0	0	0	0	0	391,070	88,863	2,132,956	0	2,132,956
10.2 Agents and brokers fees and commissions	18,353	1,802,089	11,910,345	0	0	0	0	0	0	0	5,850,054	1,634,561	21,215,402	0	21,215,402
10.3 Other taxes (excluding taxes on Lines 1.5 through 1.7 and Line 14 below)	(2,162)	(16,039)	317,248	0	0	0	0	0	0	0	239,997	90,471	629,515	0	629,515
10.4 Other general and administrative expenses	48,508	2,743,663	8,904,171	0	0	0	0	0	0	125	10,786,413	5,291,949	27,774,829	0	27,774,829
10.4a Community Benefit Expenditures (informational only)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
10.5 Total general and administrative (Lines 10.1 +10.2 + 10.3 + 10.4)	70,060	4,734,827	22,574,311	0	0	0	0	0	0	125	17,267,534	7,105,844	51,752,702	0	51,752,702
11. Underwriting Gain/(Loss) (Lines 1.12 - 5.7 - 6.6 - 8.3 - 10.5)	1,498	1,322,291	10,042,184	0	0	0	0	0	0	1,384,642	4,939,469	4,977,912	22,667,995	XXX	22,667,995
12. Income from fees of uninsured plans	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0
13. Net investment and other gain/(loss)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	8,604,290	XXX	8,604,290
14. Federal income taxes (excluding taxes on Line 1.5 above)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	(2,744,369)	XXX	(2,744,369)
15. Net gain or (loss) (Lines 11 + 12 + 13 - 14)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	34,016,653	XXX	34,016,653
16. ICD-10 Implementation Expenses (informational only; already included in general expenses and line 10.4)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
16. 16a ICD-10 Implementation Expenses (informational only; already included in line 10.4)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
OTHER INDICATORS:															
1. Number of certificates/policies	166	5,588	34,977	0	0	0	0	0	0	0	134,279	41,081	216,091	0	216,091
2. Number of Covered Lives	284	10,331	60,376	0	0	0	0	0	0	0	211,939	41,081	324,011	0	324,011
3. Number of Groups	XXX	662	670	XXX	0	0	0	0	0	0	1,670	0	3,002	0	3,002
4. Member Months	3,608	115,423	696,816	0	0	0	0	0	0	0	2,591,148	495,337	3,902,332	0	3,902,332

Is run off business reported in Columns 1 through 9 or 12? Yes [ ] No [ ] If yes, show the amount of premiums and claims included. Premiums $ 0 Claims $ 0

216-2.LA

AFFORDABLE CARE ACT (ACA) RECEIPTS, PAYMENTS, RECEIVABLES and PAYABLES

	Current Year Comprehensive Health Coverage		Prior Year Comprehensive Health Coverage	
	1 Individual Plans	2 Small Group Employer Plans	3 Individual Plans	4 Small Group Employer Plans
ACA Receivables and Payables				
1. Permanent ACA Risk Adjustment Program 1.0 Premium adjustments receivable/(payable)	529	(274,124)	(34,085)	(1,456,159)
2. Transitional ACA Reinsurance Program 2.0 Total amounts recoverable for claims (paid & unpaid)	0	XXX	0	XXX
3. Temporary ACA Risk Corridors Program 3.1 Accrued retrospective premium	0	0	0	0
3.2 Reserve for rate credits or policy experience refunds	0	0	0	0
ACA Receipts and Payments				
4. Permanent ACA Risk Adjustment Program 4.0 Premium adjustments receipts/(payments)	(9,218)	(828,026)	(2,193)	(1,017,517)
5. Transitional ACA Reinsurance Program 5.0 Amounts received for claims	0	XXX	0	XXX
6. Temporary ACA Risk Corridors Program 6.1 Retrospective premium received	0	0	0	0
6.2 Rate credits or policy experience refunds paid	0	0	0	0

SUPPLEMENT FOR THE YEAR 2018 OF THE UnitedHealthcare Insurance Company

SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 2

(To Be Filed by April 1 - Not for Rebate Purposes)

REPORT FOR: 1. CORPORATION UnitedHealthcare Insurance Company 2. 185 Asylum Street Hartford, CT 061033408 (LOCATION)

NAIC Group Code 0707 BUSINESS IN THE STATE OF Louisiana DURING THE YEAR 2018 NAIC Company Code 79413

	Business Subject to MLR									10	11	12	13
	Comprehensive Health Coverage			Mini-Med Plans			Expatriate Plans:		9				
	1	2	3	4	5	6	7	8					
	Individual	Small Group Employer	Large Group Employer	Individual	Small Group Employer	Large Group Employer	Small Group	Large Group	Student Health Plans	Government Business (excluded by statute)	Other Health Business	Medicare Advantage Part C and Medicare Part D Stand-Alone Subject to ACA	Total (a)
1. Health Premiums Earned:													
1.1 Direct premiums written	1,975,114	50,934,486	323,044,779	0	0	0	0	0	0	0	127,766,934	95,046,675	598,767,987
1.2 Unearned premium prior year	77,862	9,810	25,264	0	0	0	0	0	0	0	19,908	0	132,844
1.3 Unearned premium current year	67,325	5,491	30,887	0	0	0	0	0	0	0	35,780	0	139,482
1.4 Change in unearned premium (Lines 1.2 - 1.3)	10,537	4,319	(5,623)	0	0	0	0	0	0	0	(15,871)	0	(6,638)
1.5 Paid rate credits	(7,506)	0	308,029	0	0	0	0	0	0	0	957,922	1,283,982	2,542,426
1.6 Reserve for rate credits current year	0	(57)	9,707,379	0	0	0	0	0	0	0	444,035	6,527,508	16,678,864
1.7 Reserve for rate credits prior year	0	(57)	1,260,023	0	0	0	0	0	0	0	429,982	1,074,080	2,764,028
1.8 Change in reserve for rate credits (Lines 1.6 - 1.7)	0	0	8,447,357	0	0	0	0	0	0	0	14,053	5,453,427	13,914,837
1.9 Premium balances written off	0	6,719	4,077	0	0	0	0	0	0	0	4,089	876,755	891,639
1.10 Group conversion charge	0	0	0	0	0	0	0	0	0	0	0	0	0
1.11 Total direct premiums earned (Lines 1.1 + 1.4 - 1.9 + 1.10)	1,985,651	50,932,085	323,035,079	0	0	0	0	0	0	0	127,746,974	94,169,920	597,869,709
1.12 Assumed premiums earned from non-affiliates	0	0	0	0	0	0	0	0	0	0	0	0	0
1.13 Net Assumed less Ceded premiums earned from affiliates	2,764	3,233	42,294	0	0	0	0	0	0	1,837,428	0	5,100	1,890,820
1.14 Ceded premiums earned to non-affiliates	0	0	44,862,399	0	0	0	0	0	0	0	1,284,034	0	46,146,433
1.15 Other Adjustments due to MLR calculation - Premiums	0	6,719	4,077	0	0	0	0	0	0	0	4,089	876,755	891,639
1.16 Net premiums earned (Lines 1.11 - 1.5 - 1.8 + 1.12 + 1.13 - 1.14 + 1.15)	1,995,922	50,942,037	269,463,666	0	0	0	0	0	0	1,837,428	125,495,054	88,314,365	538,048,473
2. Direct Claims Incurred:													
2.1 Paid claims during the year	1,775,505	37,641,723	232,949,977	0	0	0	0	0	0	(1,194,149)	94,997,392	63,598,935	429,769,383
2.2 Direct claim liability current year	99,701	6,225,462	28,610,282	0	0	0	0	0	0	1,226,055	11,797,569	3,554,492	51,513,561
2.3 Direct claim liability prior year	165,880	3,712,638	26,484,694	0	0	0	0	0	0	31,906	11,453,735	4,288,259	46,137,112
2.4 Direct claim reserves current year	10,034	124,875	610,912	0	0	0	0	0	0	0	10,222,983	87,271	11,056,075
2.5 Direct claim reserves prior year	14,833	81,339	629,167	0	0	0	0	0	0	0	10,122,539	24,072	10,871,950
2.6 Direct contract reserves current year	109,877	0	0	0	0	0	0	0	0	0	187,793	0	297,670
2.7 Direct contract reserves prior year	158,879	0	0	0	0	0	0	0	0	0	50,060	0	208,938
2.8 Paid rate credits	(7,506)	0	308,029	0	0	0	0	0	0	0	957,922	1,283,982	2,542,426
2.9 Reserve for rate credits current year	0	(57)	9,707,379	0	0	0	0	0	0	0	444,035	6,527,508	16,678,864
2.10 Reserve for rate credits prior year	0	(57)	1,260,023	0	0	0	0	0	0	0	429,982	1,074,080	2,764,028
2.11 Incurred medical incentive pools and bonuses (Lines 2.11a + 2.11b - 2.11c)	0	105,220	1,446,656	0	0	0	0	0	0	0	0	14,484	1,566,359
2.11a Paid medical incentive pools and bonuses current year	0	89,825	627,674	0	0	0	0	0	0	0	0	14,353	731,852
2.11b Accrued medical incentive pools and bonuses current year	0	35,256	1,570,893	0	0	0	0	0	0	0	0	2,511	1,608,660
2.11c Accrued medical incentive pools and bonuses prior year	0	19,861	751,911	0	0	0	0	0	0	0	0	2,381	774,152
2.12 Net healthcare receivables (Lines 2.12a - 2.12b)	(3,610)	309,393	(129,948)	0	0	0	0	0	0	0	7,573	(235,663)	(52,255)
2.12a Healthcare receivables current year	27,645	1,173,909	7,215,204	0	0	0	0	0	0	0	7,368	14,909,911	23,334,036
2.12b Healthcare receivables prior year	31,255	864,516	7,345,152	0	0	0	0	0	0	0	(205)	15,145,574	23,386,291
2.13 Group conversion charge	0	0	0	0	0	0	0	0	0	0	0	0	0
2.14 Multi-option coverage blended rate adjustment	0	0	0	0	0	0	0	0	0	0	0	0	0
2.15 Total incurred claims (Lines 2.1 + 2.2 - 2.3 + 2.4 - 2.5 + 2.6 - 2.7 + 2.8 + 2.9 - 2.10 + 2.11 - 2.12 + 2.13 + 2.14)	1,651,629	39,993,910	245,389,300	0	0	0	0	0	0	0	96,543,804	69,915,923	453,494,566
2.16 Assumed incurred claims from non-affiliates	0	0	0	0	0	0	0	0	0	0	0	0	0
2.17 Net assumed less ceded incurred claims from affiliates	0	109,909	(138,691)	0	0	0	0	0	0	0	0	0	(28,782)
2.18 Ceded incurred claims to non-affiliates	0	0	33,681,329	0	0	0	0	0	0	0	657,452	0	34,338,781
2.19 Other adjustments due to MLR calculation - Claims	0	0	0	0	0	0	0	0	0	0	0	0	0
2.20 Net Incurred Claims (Lines 2.15 - 2.8 - 2.9 + 2.10 + 2.16 + 2.17 - 2.18 + 2.19)	1,659,135	40,103,819	202,813,895	0	0	0	0	0	0	0	94,914,377	63,178,513	402,669,740
3. Fraud and Abuse Recoveries that Reduced PAID Claims in Line 2.1 above (informational only)	0	2,139	97,922	0	0	0	0	0	0	0	0	33	100,093

(a) Column 13, Line 1.1 includes direct written premium of $ 21,888,506 for stand-alone dental and $ 4,825,777 for stand-alone vision policies.

SUPPLEMENT FOR THE YEAR 2018 OF THE UnitedHealthcare Insurance Company

SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 3

(To Be Filed by April 1 - Not for Rebate Purposes)

REPORT FOR: 1. CORPORATION UnitedHealthcare Insurance Company 2. 185 Asylum Street Hartford, CT 061033408 (LOCATION)

NAIC Group Code 0707 BUSINESS IN THE STATE OF Louisiana DURING THE YEAR 2018 NAIC Company Code 79413

	All Expenses	Improving Health Care Quality Expenses						Claims Adjustment Expenses		9	10
		1 Improve Health Outcomes	2 Activities to Prevent Hospital Readmissions	3 Improve Patient Safety and Reduce Medical Errors	4 Wellness & Health Promotion Activities	5 HIT Expenses	6 Total (1 to 5)	7 Cost Containment Expenses	8 Other Claims Adjustment Expenses	General Administrative Expenses	Total Expenses (6 to 9)
1.	Individual Comprehensive Coverage Expenses:										
	1.1 Salaries (including $ 36,119 for affiliated services)	0	0	0	0	0	0	2,979	9,692	23,448	36,119
	1.2 Outsourced Services	0	0	0	0	0	0	4,630	711	1,700	7,040
	1.3 EDP Equipment and Software (incl $ 2,147 for affiliated services)	0	0	0	0	0	0	249	657	1,242	2,147
	1.4 Other Equipment (excl. EDP) (incl $ 206 for affiliated services)	0	0	0	0	0	0	24	63	111	198
	1.5 Accreditation and Certification (incl $ 22 for affiliated services)	0	XXX	XXX	XXX	XXX	0	3	7	13	22
	1.6 Other Expenses (incl $ 59,532 for affiliated services)	15,885	0	0	0	0	15,885	6,663	18,243	45,484	86,275
	1.7 Subtotal before Reimbursements and Taxes (Lines 1.1 to 1.6)	15,885	0	0	0	0	15,885	14,547	29,373	71,996	131,801
	1.8 Reimbursements by uninsured plans and fiscal intermediaries	0	0	0	0	0	0	0	0	0	0
	1.9 Taxes, Licenses and Fees (in total, for tying purposes)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	146,220	146,220
	1.10 Total (1.7 to 1.9)	15,885	0	0	0	0	15,885	14,547	29,373	218,216	278,021
	1.11 Total Fraud and Abuse Detection/Recovery Expenses included in Column 7 (informational only)	0	0	0	0	0	0	394	0	0	394
2.	Small Group Comprehensive Coverage Expenses:										
	2.1 Salaries (including $ 3,293,914 for affiliated services)	0	0	0	0	0	0	420,382	670,983	2,202,549	3,293,914
	2.2 Outsourced Services	0	0	0	0	0	0	72,995	76,896	218,988	368,879
	2.3 EDP Equipment and Software (incl $ 233,585 for affiliated services)	0	0	0	0	0	0	35,104	56,030	142,451	233,585
	2.4 Other Equipment (excl. EDP) (incl $ 22,421 for affiliated services)	0	0	0	0	0	0	3,370	5,378	13,674	22,421
	2.5 Accreditation and Certification (incl $ 2,435 for affiliated services)	0	XXX	XXX	XXX	XXX	0	366	584	1,485	2,435
	2.6 Other Expenses (incl $ 887,810 for affiliated services)	407,457	0	0	0	0	407,457	88,751	141,629	2,157,210	2,795,046
	2.7 Subtotal before Reimbursements and Taxes (Lines 2.1 to 2.6)	407,457	0	0	0	0	407,457	620,967	951,500	4,736,356	6,716,279
	2.8 Reimbursements by uninsured plans and fiscal intermediaries	0	0	0	0	0	0	0	0	0	0
	2.9 Taxes, Licenses and Fees (in total, for tying purposes)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1,502,449	1,502,449
	2.10 Total (2.7 to 2.9)	407,457	0	0	0	0	407,457	620,967	951,500	6,238,805	8,218,728
	2.11 Total Fraud and Abuse Detection/Recovery Expenses included in Column 7 (informational only)	0	0	0	0	0	0	165,730	0	0	165,730
3.	Large Group Comprehensive Coverage Expenses:										
	3.1 Salaries (including $ 5,335,003 for affiliated services)	0	0	0	0	0	0	720,179	1,056,365	3,558,459	5,335,003
	3.2 Outsourced Services	0	0	0	0	0	0	224,183	121,062	357,809	703,053
	3.3 EDP Equipment and Software (incl $ 354,331 for affiliated services)	0	0	0	0	0	0	60,138	88,211	205,981	354,331
	3.4 Other Equipment (excl. EDP) (incl $ 34,012 for affiliated services)	0	0	0	0	0	0	5,773	8,467	19,772	34,012
	3.5 Accreditation and Certification (incl $ 3,693 for affiliated services)	0	XXX	XXX	XXX	XXX	0	627	919	2,147	3,693
	3.6 Other Expenses (incl $ 18,692,399 for affiliated services)	2,584,281	0	0	0	0	2,584,281	2,535,078	3,721,700	18,017,964	26,859,022
	3.7 Subtotal before Reimbursements and Taxes (Lines 3.1 to 3.6)	2,584,281	0	0	0	0	2,584,281	3,545,978	4,996,724	22,162,130	33,289,113
	3.8 Reimbursements by uninsured plans and fiscal intermediaries	0	0	0	0	0	0	0	0	0	0
	3.9 Taxes, Licenses and Fees (in total, for tying purposes)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	10,342,514	10,342,514
	3.10 Total (3.7 to 3.9)	2,584,281	0	0	0	0	2,584,281	3,545,978	4,996,724	32,504,644	43,631,627
	3.11 Total Fraud and Abuse Detection/Recovery Expenses included in Column 7 (informational only)	0	0	0	0	0	0	1,008,531	0	0	1,008,531

SUPPLEMENT FOR THE YEAR 2018 OF THE UnitedHealthcare Insurance Company

SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 3 (Continued)

	All Expenses	Improving Health Care Quality Expenses						Claims Adjustment Expenses		9	10
		1 Improve Health Outcomes	2 Activities to Prevent Hospital Readmissions	3 Improve Patient Safety and Reduce Medical Errors	4 Wellness & Health Promotion Activities	5 HIT Expenses	6 Total (1 to 5)	7 Cost Containment Expenses	8 Other Claims Adjustment Expenses	General Administrative Expenses	Total Expenses (6 to 9)
4.	Individual Mini-Med Plans Expenses:										
	4.1 Salaries (including $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	4.2 Outsourced Services	0	0	0	0	0	0	0	0	0	0
	4.3 EDP Equipment and Software (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	4.4 Other Equipment (excl. EDP) (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	4.5 Accreditation and Certification (incl $ 0 for affiliated services)	0	XXX	XXX	XXX	XXX	0	0	0	0	0
	4.6 Other Expenses (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	4.7 Subtotal before Reimbursements and Taxes (Lines 4.1 to 4.6)	0	0	0	0	0	0	0	0	0	0
	4.8 Reimbursements by uninsured plans and fiscal intermediaries	0	0	0	0	0	0	0	0	0	0
	4.9 Taxes, Licenses and Fees (in total, for tying purposes)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0
	4.10 Total (4.7 to 4.9)	0	0	0	0	0	0	0	0	0	0
	4.11 Total Fraud and Abuse Detection/Recovery Expenses included in Column 7 (informational only)	0	0	0	0	0	0	0	0	0	0
5.	Small Group Mini-Med Plans Expenses:										
	5.1 Salaries (including $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	5.2 Outsourced Services	0	0	0	0	0	0	0	0	0	0
	5.3 EDP Equipment and Software (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	5.4 Other Equipment (excl. EDP) (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	5.5 Accreditation and Certification (incl $ 0 for affiliated services)	0	XXX	XXX	XXX	XXX	0	0	0	0	0
	5.6 Other Expenses (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	5.7 Subtotal before Reimbursements and Taxes (Lines 5.1 to 5.6)	0	0	0	0	0	0	0	0	0	0
	5.8 Reimbursements by uninsured plans and fiscal intermediaries	0	0	0	0	0	0	0	0	0	0
	5.9 Taxes, Licenses and Fees (in total, for tying purposes)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0
	5.10 Total (5.7 to 5.9)	0	0	0	0	0	0	0	0	0	0
	5.11 Total Fraud and Abuse Detection/Recovery Expenses included in Column 7 (informational only)	0	0	0	0	0	0	0	0	0	0
6.	Large Group Mini-Med Plans Expenses:										
	6.1 Salaries (including $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	6.2 Outsourced Services	0	0	0	0	0	0	0	0	0	0
	6.3 EDP Equipment and Software (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	6.4 Other Equipment (excl. EDP) (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	6.5 Accreditation and Certification (incl $ 0 for affiliated services)	0	XXX	XXX	XXX	XXX	0	0	0	0	0
	6.6 Other Expenses (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	6.7 Subtotal before Reimbursements and Taxes (Lines 6.1 to 6.6)	0	0	0	0	0	0	0	0	0	0
	6.8 Reimbursements by uninsured plans and fiscal intermediaries	0	0	0	0	0	0	0	0	0	0
	6.9 Taxes, Licenses and Fees (in total, for tying purposes)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0
	6.10 Total (6.7 to 6.9)	0	0	0	0	0	0	0	0	0	0
	6.11 Total Fraud and Abuse Detection/Recovery Expenses included in Column 7 (informational only)	0	0	0	0	0	0	0	0	0	0

SUPPLEMENT FOR THE YEAR 2018 OF THE UnitedHealthcare Insurance Company

SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 3 (Continued)

	All Expenses	Improving Health Care Quality Expenses						Claims Adjustment Expenses		9	10
		1 Improve Health Outcomes	2 Activities to Prevent Hospital Readmissions	3 Improve Patient Safety and Reduce Medical Errors	4 Wellness & Health Promotion Activities	5 HIT Expenses	6 Total (1 to 5)	7 Cost Containment Expenses	8 Other Claims Adjustment Expenses	General Administrative Expenses	Total Expenses (6 to 9)
7.	Small Group Expatriate Plans Expenses:										
	7.1 Salaries (including $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	7.2 Outsourced Services	0	0	0	0	0	0	0	0	0	0
	7.3 EDP Equipment and Software (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	7.4 Other Equipment (excl. EDP) (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	7.5 Accreditation and Certification (incl $ 0 for affiliated services)	0	XXX	XXX	XXX	XXX	0	0	0	0	0
	7.6 Other Expenses (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	7.7 Subtotal before Reimbursements and Taxes (Lines 7.1 to 7.6)	0	0	0	0	0	0	0	0	0	0
	7.8 Reimbursements by uninsured plans and fiscal intermediaries	0	0	0	0	0	0	0	0	0	0
	7.9 Taxes, Licenses and Fees (in total, for tying purposes)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0
	7.10 Total (7.7 to 7.9)	0	0	0	0	0	0	0	0	0	0
	7.11 Total Fraud and Abuse Detection/Recovery Expenses included in Column 7 (informational only)	0	0	0	0	0	0	0	0	0	0
8.	Large Group Expatriate Plans Expenses:										
	8.1 Salaries (including $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	8.2 Outsourced Services	0	0	0	0	0	0	0	0	0	0
	8.3 EDP Equipment and Software (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	8.4 Other Equipment (excl. EDP) (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	8.5 Accreditation and Certification (incl $ 0 for affiliated services)	0	XXX	XXX	XXX	XXX	0	0	0	0	0
	8.6 Other Expenses (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	8.7 Subtotal before Reimbursements and Taxes (Lines 8.1 to 8.6)	0	0	0	0	0	0	0	0	0	0
	8.8 Reimbursements by uninsured plans and fiscal intermediaries	0	0	0	0	0	0	0	0	0	0
	8.9 Taxes, Licenses and Fees (in total, for tying purposes)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0
	8.10 Total (8.7 to 8.9)	0	0	0	0	0	0	0	0	0	0
	8.11 Total Fraud and Abuse Detection/Recovery Expenses included in Column 7 (informational only)	0	0	0	0	0	0	0	0	0	0
9.	Student Health Plans Expenses:										
	9.1 Salaries (including $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	9.2 Outsourced Services	0	0	0	0	0	0	0	0	0	0
	9.3 EDP Equipment and Software (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	9.4 Other Equipment (excl. EDP) (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	9.5 Accreditation and Certification (incl $ 0 for affiliated services)	0	XXX	XXX	XXX	XXX	0	0	0	0	0
	9.6 Other Expenses (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	9.7 Subtotal before Reimbursements and Taxes (Lines 9.1 to 9.6)	0	0	0	0	0	0	0	0	0	0
	9.8 Reimbursements by uninsured plans and fiscal intermediaries	0	0	0	0	0	0	0	0	0	0
	9.9 Taxes, Licenses and Fees (in total, for tying purposes)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0
	9.10 Total (9.7 to 9.9)	0	0	0	0	0	0	0	0	0	0
	9.11 Total Fraud and Abuse Detection/Recovery Expenses included in Column 7 (informational only)	0	0	0	0	0	0	0	0	0	0

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SUPPLEMENT FOR THE YEAR 2018 OF THE UnitedHealthcare Insurance Company

SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 1

(To Be Filed by April 1 - Not for Rebate Purposes - See Cautionary Statement at http://www.naic.org/documents/committees_e_app_blanks_related_shce_cautionary_statement.pdf)

REPORT FOR: 1. CORPORATION UnitedHealthcare Insurance Company 2. 185 Asylum Street Hartford, CT 061033408 (LOCATION)

NAIC Group Code 0707 BUSINESS IN THE STATE OF Maine DURING THE YEAR 2018 NAIC Company Code 79413

	Business Subject to MLR									10	11	12	13	14	15
	Comprehensive Health Coverage			Mini-Med Plans			Expatriate Plans		9						
	1 Individual	2 Small Group Employer	3 Large Group Employer	4 Individual	5 Small Group Employer	6 Large Group Employer	7 Small Group	8 Large Group	Student Health Plans	Government Business (excluded by statute)	Other Health Business	Medicare Advantage Part C and Medicare Part D Stand-Alone Subject to ACA	Subtotal (Cols. 1 through 12)	Uninsured Plans	Total 13 + 14
1. Premium:															
1.1 Health premiums earned (From Part 2, Line 1.11)	(22,549)	3,665,635	1,644,893	0	0	0	0	0	0	0	95,093,833	53,670,960	154,052,771	XXX	154,052,771
1.2 Federal high risk pools	0	0	0	0	0	0	0	0	0	0	0	0	0	XXX	0
1.3 State high risk pools	(2)	(306)	(66)	0	0	0	0	0	0	0	55,848	0	55,475	XXX	55,475
1.4 Premiums earned including state and federal high risk programs (Lines 1.1 + 1.2 + 1.3)	(22,551)	3,665,329	1,644,827	0	0	0	0	0	0	0	95,149,681	53,670,960	154,108,246	XXX	154,108,246
1.5 Federal taxes and federal assessments	(16,709)	181,151	158,820	0	0	0	0	0	0	0	635,804	1,458,649	2,417,715	0	2,417,715
1.6 State insurance, premium and other taxes (Similar local taxes of $ 14,166)	16,758	82,845	39,030	0	0	0	0	0	0	0	992,422	32,142	1,163,197	0	1,163,197
1.6a Community Benefit Expenditures (informational only)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
1.7 Regulatory authority licenses and fees	12	1,438	225	0	0	0	0	0	0	0	(23,663)	0	(21,988)	0	(21,988)
1.8 Adjusted Premiums Earned (Lines 1.4 - 1.5 - 1.6 - 1.7)	(22,611)	3,399,895	1,446,752	0	0	0	0	0	0	0	93,545,118	52,180,169	150,549,322	XXX	150,549,322
1.9 Net Assumed less Ceded reinsurance premiums earned	0	0	(76,502)	0	0	0	0	0	0	0	(3,741)	(586)	(80,828)	XXX	(80,828)
1.10 Other Adjustments due to MLR calculations - Premiums	0	0	0	0	0	0	0	0	0	0	0	2,129,614	2,129,615	XXX	2,129,615
1.11 Risk Revenue	0	0	0	0	0	0	0	0	0	0	0	0	0	XXX	0
1.12 Net adjusted premiums earned after reinsurance (Lines 1.8 + 1.9 + 1.10 + 1.11)	(22,611)	3,399,896	1,370,250	0	0	0	0	0	0	0	93,541,377	54,309,197	152,598,108	XXX	152,598,108
2. Claims:															
2.1 Incurred claims excluding prescription drugs	15,352	2,068,526	648,922	0	0	0	0	0	0	0	75,810,018	4,695,497	83,238,316	XXX	83,238,316
2.2 Prescription drugs	30,272	294,382	175,412	0	0	0	0	0	0	0	64,777	83,642,610	84,207,453	XXX	84,207,453
2.3 Pharmaceutical rebates	7,864	97,322	90,173	0	0	0	0	0	0	0	17,400	47,954,758	48,167,517	XXX	48,167,517
2.4 State stop loss, market stabilization and claim/census based assessments (informational only)	0	8,001	13,770	0	0	0	0	0	0	0	110	0	21,882	XXX	21,882
3. Incurred medical incentive pools and bonuses	0	1,266	2,457	0	0	0	0	0	0	0	0	143,937	147,661	XXX	147,661
4. Deductible Fraud and Abuse Detection/Recovery Expenses (for MLR use only)	0	4	13	0	0	0	0	0	0	0	0	998	1,014	0	1,014
5. 5.0 Total Incurred Claims (Lines 2.1 + 2.2 - 2.3 + 3) (From Part 2, Line 2.15)	37,760	2,266,852	736,617	0	0	0	0	0	0	0	75,857,396	40,527,287	119,425,912	XXX	119,425,912
5.1 Net Assumed less Ceded reinsurance claims incurred	0	0	66,960	0	0	0	0	0	0	0	(282)	0	66,678	XXX	66,678
5.2 Other Adjustments due to MLR calculations - Claims	0	0	0	0	0	0	0	0	0	0	0	0	0	XXX	0
5.3 Rebates paid	0	0	0	0	0	0	0	0	0	XXX	XXX	0	0	XXX	0
5.4 Estimated rebates unpaid prior year	0	0	0	0	0	0	0	0	0	XXX	XXX	0	0	XXX	0
5.5 Estimated rebates unpaid current year	0	0	0	0	0	0	0	0	0	XXX	XXX	0	0	XXX	0
5.6 Fee for service and co-pay revenue	0	0	0	0	0	0	0	0	0	0	0	0	0	XXX	0
5.7 Net incurred claims after reinsurance (Lines 5.0 + 5.1 + 5.2 + 5.3 - 5.4 + 5.5 - 5.6)	37,760	2,266,852	803,577	0	0	0	0	0	0	0	75,857,114	40,527,287	119,492,590	XXX	119,492,590
6. Improving Health Care Quality Expenses Incurred:															
6.1 Improve health outcomes	(180)	29,325	13,159	0	0	0	0	0	0	0	355,218	2,354,842	2,752,364	0	2,752,364
6.2 Activities to prevent hospital readmissions	0	0	0	0	0	0	0	0	0	0	266,362	29,989	296,351	0	296,351
6.3 Improve patient safety and reduce medical errors	0	0	0	0	0	0	0	0	0	0	198,049	260,772	458,821	0	458,821
6.4 Wellness and health promotion activities	0	0	0	0	0	0	0	0	0	0	706,959	(35,966)	670,993	0	670,993
6.5 Health Information Technology expenses related to health improvement	0	0	0	0	0	0	0	0	0	0	75,213	223,924	299,137	0	299,137
6.6 Total of Defined Expenses Incurred for Improving Health Care Quality (Lines 6.1+6.2+6.3+6.4+6.5)	(180)	29,325	13,159	0	0	0	0	0	0	0	1,601,802	2,833,560	4,477,665	0	4,477,665
7. Preliminary Medical Loss Ratio: MLR ((Lines 4 + 5.0 + 6.6 - Footnote 2.0)/Line 1.8	(1.662)	0.675	0.518	0.000	0.000	0.000	0.000	0.000	0.000	XXX	XXX	0.831	XXX	XXX	XXX
8. Claims Adjustment Expenses:															
8.1 Cost containment expenses not included in quality of care expenses in Line 6.6	317	43,966	17,184	0	0	0	0	0	0	0	19,546	1,284,432	1,365,445	0	1,365,445
8.2 All other claims adjustment expenses	390	65,104	23,586	0	0	0	0	0	0	0	1,237,710	5,210,554	6,537,344	0	6,537,344
8.3 Total claims adjustment expenses (Lines 8.1 + 8.2)	706	109,070	40,771	0	0	0	0	0	0	0	1,257,256	6,494,987	7,902,789	0	7,902,789
9. Claims Adjustment Expense Ratio (Line 8.3/Line 1.8)	(0.031)	0.032	0.028	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.013	0.124	XXX	XXX	XXX

SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 1 (Continued)

	Business Subject to MLR									10	11	12	13	14	15
	Comprehensive Health Coverage			Mini-Med Plans			Expatriate Plans		9						
	1 Individual	2 Small Group Employer	3 Large Group Employer	4 Individual	5 Small Group Employer	6 Large Group Employer	7 Small Group	8 Large Group	Student Health Plans	Government Business (excluded by statute)	Other Health Business	Medicare Advantage Part C and Medicare Part D Stand-Alone Subject to ACA	Subtotal (Cols. 1 through 12)	Uninsured Plans	Total 13 + 14
10. General and Administrative (G&A) Expenses:															
10.1 Direct sales salaries and benefits	91	15,364	5,828	0	0	0	0	0	0	0	103,690	97,734	222,708	0	222,708
10.2 Agents and brokers fees and commissions	741	108,510	44,051	0	0	0	0	0	0	0	3,151,792	381,522	3,686,617	0	3,686,617
10.3 Other taxes (excluding taxes on Lines 1.5 through 1.7 and Line 14 below)	(584)	16,200	2,514	0	0	0	0	0	0	0	148,037	116,510	282,677	0	282,677
10.4 Other general and administrative expenses	2,081	176,288	73,669	0	0	0	0	0	0	0	8,876,101	5,439,499	14,567,638	0	14,567,638
10.4a Community Benefit Expenditures (informational only)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
10.5 Total general and administrative (Lines 10.1 +10.2 + 10.3 + 10.4)	2,330	316,362	126,063	0	0	0	0	0	0	0	12,279,620	6,035,266	18,759,640	0	18,759,640
11. Underwriting Gain/(Loss) (Lines 1.12 - 5.7 - 6.6 - 8.3 - 10.5)	(63,226)	678,286	386,680	0	0	0	0	0	0	0	2,545,585	(1,581,901)	1,965,424	XXX	1,965,424
12. Income from fees of uninsured plans	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0
13. Net investment and other gain/(loss)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1,720,471	XXX	1,720,471
14. Federal income taxes (excluding taxes on Line 1.5 above)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	102,741	XXX	102,741
15. Net gain or (loss) (Lines 11 + 12 + 13 - 14)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	3,583,153	XXX	3,583,153
16. ICD-10 Implementation Expenses (informational only; already included in general expenses and line 10.4)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
16. 16a ICD-10 Implementation Expenses (informational only; already included in line 10.4)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
OTHER INDICATORS:															
1. Number of certificates/policies	4	844	380	0	0	0	0	0	0	0	38,627	38,582	78,437	0	78,437
2. Number of Covered Lives	5	1,439	518	0	0	0	0	0	0	0	38,206	38,582	78,750	0	78,750
3. Number of Groups	XXX	124	23	XXX	0	0	0	0	0	0	32	0	179	0	179
4. Member Months	51	8,598	3,260	0	0	0	0	0	0	0	468,582	483,479	963,970	0	963,970

Is run off business reported in Columns 1 through 9 or 12? Yes [ ] No [ ] If yes, show the amount of premiums and claims included. Premiums $ 0 Claims $ 0

216-2.ME

AFFORDABLE CARE ACT (ACA) RECEIPTS, PAYMENTS, RECEIVABLES and PAYABLES

	Current Year Comprehensive Health Coverage		Prior Year Comprehensive Health Coverage	
	1 Individual Plans	2 Small Group Employer Plans	3 Individual Plans	4 Small Group Employer Plans
ACA Receivables and Payables				
1. Permanent ACA Risk Adjustment Program 1.0 Premium adjustments receivable/(payable)	(76,132)	(458,978)	(44,631)	116,855
2. Transitional ACA Reinsurance Program 2.0 Total amounts recoverable for claims (paid & unpaid)	0	XXX	0	XXX
3. Temporary ACA Risk Corridors Program 3.1 Accrued retrospective premium	0	0	0	0
3.2 Reserve for rate credits or policy experience refunds	0	0	0	0
ACA Receipts and Payments				
4. Permanent ACA Risk Adjustment Program 4.0 Premium adjustments receipts/(payments)	(22,587)	190,299	0	21,880
5. Transitional ACA Reinsurance Program 5.0 Amounts received for claims	0	XXX	0	XXX
6. Temporary ACA Risk Corridors Program 6.1 Retrospective premium received	0	0	0	0
6.2 Rate credits or policy experience refunds paid	0	0	0	0

SUPPLEMENT FOR THE YEAR 2018 OF THE UnitedHealthcare Insurance Company

SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 2

(To Be Filed by April 1 - Not for Rebate Purposes)

REPORT FOR: 1. CORPORATION UnitedHealthcare Insurance Company 2. 185 Asylum Street Hartford, CT 061033408 (LOCATION)

NAIC Group Code 0707 BUSINESS IN THE STATE OF Maine DURING THE YEAR 2018 NAIC Company Code 79413

	Business Subject to MLR												
	Comprehensive Health Coverage			Mini-Med Plans			Expatriate Plans:		9	10	11	12	13
	1	2	3	4	5	6	7	8					
	Individual	Small Group Employer	Large Group Employer	Individual	Small Group Employer	Large Group Employer	Small Group	Large Group	Student Health Plans	Government Business (excluded by statute)	Other Health Business	Medicare Advantage Part C and Medicare Part D Stand-Alone Subject to ACA	Total (a)
1. Health Premiums Earned:													
1.1 Direct premiums written	(22,549)	3,665,782	1,644,893	0	0	0	0	0	0	0	95,070,768	55,800,574	156,159,468
1.2 Unearned premium prior year	0	0	0	0	0	0	0	0	0	0	23,101	0	23,101
1.3 Unearned premium current year	0	147	0	0	0	0	0	0	0	0	36	0	183
1.4 Change in unearned premium (Lines 1.2 - 1.3)	0	(147)	0	0	0	0	0	0	0	0	23,065	0	22,918
1.5 Paid rate credits	0	0	0	0	0	0	0	0	0	0	218,108	3,177,824	3,395,931
1.6 Reserve for rate credits current year	0	0	0	0	0	0	0	0	0	0	0	1,628,182	1,628,182
1.7 Reserve for rate credits prior year	0	0	0	0	0	0	0	0	0	0	0	2,720,108	2,720,108
1.8 Change in reserve for rate credits (Lines 1.6 - 1.7)	0	0	0	0	0	0	0	0	0	0	0	(1,091,926)	(1,091,926)
1.9 Premium balances written off	0	0	0	0	0	0	0	0	0	0	0	2,129,614	2,129,615
1.10 Group conversion charge	0	0	0	0	0	0	0	0	0	0	0	0	0
1.11 Total direct premiums earned (Lines 1.1 + 1.4 - 1.9 + 1.10)	(22,549)	3,665,635	1,644,893	0	0	0	0	0	0	0	95,093,833	53,670,960	154,052,771
1.12 Assumed premiums earned from non-affiliates	0	0	10,105	0	0	0	0	0	0	0	0	0	10,105
1.13 Net Assumed less Ceded premiums earned from affiliates	0	0	0	0	0	0	0	0	0	0	0	(586)	(586)
1.14 Ceded premiums earned to non-affiliates	0	0	86,607	0	0	0	0	0	0	0	3,741	0	90,348
1.15 Other Adjustments due to MLR calculation - Premiums	0	0	0	0	0	0	0	0	0	0	0	2,129,614	2,129,615
1.16 Net premiums earned (Lines 1.11 - 1.5 - 1.8 + 1.12 + 1.13 - 1.14 + 1.15)	(22,549)	3,665,635	1,568,391	0	0	0	0	0	0	0	94,871,985	53,714,091	153,797,552
2. Direct Claims Incurred:													
2.1 Paid claims during the year	37,717	2,054,828	656,479	0	0	0	0	0	0	0	76,127,600	39,119,850	117,996,475
2.2 Direct claim liability current year	184	327,021	172,380	0	0	0	0	0	0	0	10,525,220	744,101	11,768,905
2.3 Direct claim liability prior year	141	63,045	82,961	0	0	0	0	0	0	0	10,955,779	4,470,478	15,572,403
2.4 Direct claim reserves current year	0	9,049	3,454	0	0	0	0	0	0	0	2,589,843	1,006	2,603,352
2.5 Direct claim reserves prior year	0	555	3,331	0	0	0	0	0	0	0	2,629,405	755	2,634,045
2.6 Direct contract reserves current year	0	0	0	0	0	0	0	0	0	0	44,211	0	44,211
2.7 Direct contract reserves prior year	0	0	0	0	0	0	0	0	0	0	56,896	0	56,896
2.8 Paid rate credits	0	0	0	0	0	0	0	0	0	0	218,108	3,177,824	3,395,931
2.9 Reserve for rate credits current year	0	0	0	0	0	0	0	0	0	0	0	1,628,182	1,628,182
2.10 Reserve for rate credits prior year	0	0	0	0	0	0	0	0	0	0	0	2,720,108	2,720,108
2.11 Incurred medical incentive pools and bonuses (Lines 2.11a + 2.11b - 2.11c)	0	1,266	2,457	0	0	0	0	0	0	0	0	143,937	147,661
2.11a Paid medical incentive pools and bonuses current year	0	20	0	0	0	0	0	0	0	0	0	129,846	129,866
2.11b Accrued medical incentive pools and bonuses current year	0	1,539	3,253	0	0	0	0	0	0	0	0	26,092	30,884
2.11c Accrued medical incentive pools and bonuses prior year	0	293	796	0	0	0	0	0	0	0	0	12,001	13,090
2.12 Net healthcare receivables (Lines 2.12a - 2.12b)	0	61,713	11,862	0	0	0	0	0	0	0	5,506	(2,903,727)	(2,824,647)
2.12a Healthcare receivables current year	0	67,063	67,072	0	0	0	0	0	0	0	5,506	17,516,590	17,656,231
2.12b Healthcare receivables prior year	0	5,350	55,210	0	0	0	0	0	0	0	0	20,420,318	20,480,877
2.13 Group conversion charge	0	0	0	0	0	0	0	0	0	0	0	0	0
2.14 Multi-option coverage blended rate adjustment	0	0	0	0	0	0	0	0	0	0	0	0	0
2.15 Total incurred claims (Lines 2.1 + 2.2 - 2.3 + 2.4 - 2.5 + 2.6 - 2.7 + 2.8 + 2.9 - 2.10 + 2.11 - 2.12 + 2.13 + 2.14)	37,760	2,266,852	736,617	0	0	0	0	0	0	0	75,857,396	40,527,287	119,425,912
2.16 Assumed incurred claims from non-affiliates	0	0	(85,316)	0	0	0	0	0	0	0	(427)	0	(85,743)
2.17 Net assumed less ceded incurred claims from affiliates	0	0	0	0	0	0	0	0	0	0	0	0	0
2.18 Ceded incurred claims to non-affiliates	0	0	(152,275)	0	0	0	0	0	0	0	(146)	0	(152,421)
2.19 Other adjustments due to MLR calculation - Claims	0	0	0	0	0	0	0	0	0	0	0	0	0
2.20 Net Incurred Claims (Lines 2.15 - 2.8 - 2.9 + 2.10 + 2.16 + 2.17 - 2.18 + 2.19)	37,760	2,266,852	803,577	0	0	0	0	0	0	0	75,639,006	38,441,389	117,188,585
3. Fraud and Abuse Recoveries that Reduced PAID Claims in Line 2.1 above (informational only)	0	4	13	0	0	0	0	0	0	0	0	998	1,014

(a) Column 13, Line 1.1 includes direct written premium of $ 99,091 for stand-alone dental and $ 12,783 for stand-alone vision policies.

216-3.ME

SUPPLEMENT FOR THE YEAR 2018 OF THE UnitedHealthcare Insurance Company

SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 3

(To Be Filed by April 1 - Not for Rebate Purposes)

REPORT FOR: 1. CORPORATION UnitedHealthcare Insurance Company 2. 185 Asylum Street Hartford, CT 061033408 (LOCATION)

NAIC Group Code 0707 BUSINESS IN THE STATE OF Maine DURING THE YEAR 2018 NAIC Company Code 79413

	All Expenses	Improving Health Care Quality Expenses						Claims Adjustment Expenses		9	10
		1 Improve Health Outcomes	2 Activities to Prevent Hospital Readmissions	3 Improve Patient Safety and Reduce Medical Errors	4 Wellness & Health Promotion Activities	5 HIT Expenses	6 Total (1 to 5)	7 Cost Containment Expenses	8 Other Claims Adjustment Expenses	General Administrative Expenses	Total Expenses (6 to 9)
1.	Individual Comprehensive Coverage Expenses:										
	1.1 Salaries (including $ 758 for affiliated services)	0	0	0	0	0	0	70	110	577	758
	1.2 Outsourced Services	0	0	0	0	0	0	75	13	96	184
	1.3 EDP Equipment and Software (incl $ 56 for affiliated services)	0	0	0	0	0	0	6	9	41	56
	1.4 Other Equipment (excl. EDP) (incl $ 5 for affiliated services)	0	0	0	0	0	0	1	1	4	5
	1.5 Accreditation and Certification (incl $ 1 for affiliated services)	0	XXX	XXX	XXX	XXX	0	0	0	0	1
	1.6 Other Expenses (incl $ 1,635 for affiliated services)	(180)	0	0	0	0	(180)	156	247	2,188	2,411
	1.7 Subtotal before Reimbursements and Taxes (Lines 1.1 to 1.6)	(180)	0	0	0	0	(180)	308	380	2,907	3,415
	1.8 Reimbursements by uninsured plans and fiscal intermediaries	0	0	0	0	0	0	0	0	0	0
	1.9 Taxes, Licenses and Fees (in total, for tying purposes)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	16,210	16,210
	1.10 Total (1.7 to 1.9)	(180)	0	0	0	0	(180)	308	380	19,116	19,624
	1.11 Total Fraud and Abuse Detection/Recovery Expenses included in Column 7 (informational only)	0	0	0	0	0	0	73	0	0	73
2.	Small Group Comprehensive Coverage Expenses:										
	2.1 Salaries (including $ 93,813 for affiliated services)	0	0	0	0	0	0	11,933	18,463	63,417	93,813
	2.2 Outsourced Services	0	0	0	0	0	0	2,154	2,116	6,047	10,318
	2.3 EDP Equipment and Software (incl $ 6,597 for affiliated services)	0	0	0	0	0	0	996	1,542	4,059	6,597
	2.4 Other Equipment (excl. EDP) (incl $ 633 for affiliated services)	0	0	0	0	0	0	96	148	390	633
	2.5 Accreditation and Certification (incl $ 69 for affiliated services)	0	XXX	XXX	XXX	XXX	0	10	16	42	69
	2.6 Other Expenses (incl $ 208,679 for affiliated services)	29,325	0	0	0	0	29,325	27,344	41,294	225,121	323,084
	2.7 Subtotal before Reimbursements and Taxes (Lines 2.1 to 2.6)	29,325	0	0	0	0	29,325	42,534	63,579	299,076	434,514
	2.8 Reimbursements by uninsured plans and fiscal intermediaries	0	0	0	0	0	0	0	0	0	0
	2.9 Taxes, Licenses and Fees (in total, for tying purposes)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	104,526	104,526
	2.10 Total (2.7 to 2.9)	29,325	0	0	0	0	29,325	42,534	63,579	403,602	539,040
	2.11 Total Fraud and Abuse Detection/Recovery Expenses included in Column 7 (informational only)	0	0	0	0	0	0	12,360	0	0	12,360
3.	Large Group Comprehensive Coverage Expenses:										
	3.1 Salaries (including $ 37,523 for affiliated services)	0	0	0	0	0	0	4,502	6,682	26,339	37,523
	3.2 Outsourced Services	0	0	0	0	0	0	1,255	766	3,280	5,301
	3.3 EDP Equipment and Software (incl $ 2,664 for affiliated services)	0	0	0	0	0	0	376	558	1,730	2,664
	3.4 Other Equipment (excl. EDP) (incl $ 256 for affiliated services)	0	0	0	0	0	0	36	54	166	256
	3.5 Accreditation and Certification (incl $ 28 for affiliated services)	0	XXX	XXX	XXX	XXX	0	4	6	18	28
	3.6 Other Expenses (incl $ 83,904 for affiliated services)	13,159	0	0	0	0	13,159	10,468	14,944	91,603	130,174
	3.7 Subtotal before Reimbursements and Taxes (Lines 3.1 to 3.6)	13,159	0	0	0	0	13,159	16,641	23,008	123,136	175,945
	3.8 Reimbursements by uninsured plans and fiscal intermediaries	0	0	0	0	0	0	0	0	0	0
	3.9 Taxes, Licenses and Fees (in total, for tying purposes)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	43,302	43,302
	3.10 Total (3.7 to 3.9)	13,159	0	0	0	0	13,159	16,641	23,008	166,439	219,248
	3.11 Total Fraud and Abuse Detection/Recovery Expenses included in Column 7 (informational only)	0	0	0	0	0	0	4,688	0	0	4,688

SUPPLEMENT FOR THE YEAR 2018 OF THE UnitedHealthcare Insurance Company

SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 3 (Continued)

	All Expenses	Improving Health Care Quality Expenses						Claims Adjustment Expenses		9	10
		1 Improve Health Outcomes	2 Activities to Prevent Hospital Readmissions	3 Improve Patient Safety and Reduce Medical Errors	4 Wellness & Health Promotion Activities	5 HIT Expenses	6 Total (1 to 5)	7 Cost Containment Expenses	8 Other Claims Adjustment Expenses	General Administrative Expenses	Total Expenses (6 to 9)
4.	Individual Mini-Med Plans Expenses:										
	4.1 Salaries (including $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	4.2 Outsourced Services	0	0	0	0	0	0	0	0	0	0
	4.3 EDP Equipment and Software (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	4.4 Other Equipment (excl. EDP) (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	4.5 Accreditation and Certification (incl $ 0 for affiliated services)	0	XXX	XXX	XXX	XXX	0	0	0	0	0
	4.6 Other Expenses (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	4.7 Subtotal before Reimbursements and Taxes (Lines 4.1 to 4.6)	0	0	0	0	0	0	0	0	0	0
	4.8 Reimbursements by uninsured plans and fiscal intermediaries	0	0	0	0	0	0	0	0	0	0
	4.9 Taxes, Licenses and Fees (in total, for tying purposes)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0
	4.10 Total (4.7 to 4.9)	0	0	0	0	0	0	0	0	0	0
	4.11 Total Fraud and Abuse Detection/Recovery Expenses included in Column 7 (informational only)	0	0	0	0	0	0	0	0	0	0
5.	Small Group Mini-Med Plans Expenses:										
	5.1 Salaries (including $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	5.2 Outsourced Services	0	0	0	0	0	0	0	0	0	0
	5.3 EDP Equipment and Software (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	5.4 Other Equipment (excl. EDP) (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	5.5 Accreditation and Certification (incl $ 0 for affiliated services)	0	XXX	XXX	XXX	XXX	0	0	0	0	0
	5.6 Other Expenses (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	5.7 Subtotal before Reimbursements and Taxes (Lines 5.1 to 5.6)	0	0	0	0	0	0	0	0	0	0
	5.8 Reimbursements by uninsured plans and fiscal intermediaries	0	0	0	0	0	0	0	0	0	0
	5.9 Taxes, Licenses and Fees (in total, for tying purposes)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0
	5.10 Total (5.7 to 5.9)	0	0	0	0	0	0	0	0	0	0
	5.11 Total Fraud and Abuse Detection/Recovery Expenses included in Column 7 (informational only)	0	0	0	0	0	0	0	0	0	0
6.	Large Group Mini-Med Plans Expenses:										
	6.1 Salaries (including $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	6.2 Outsourced Services	0	0	0	0	0	0	0	0	0	0
	6.3 EDP Equipment and Software (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	6.4 Other Equipment (excl. EDP) (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	6.5 Accreditation and Certification (incl $ 0 for affiliated services)	0	XXX	XXX	XXX	XXX	0	0	0	0	0
	6.6 Other Expenses (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	6.7 Subtotal before Reimbursements and Taxes (Lines 6.1 to 6.6)	0	0	0	0	0	0	0	0	0	0
	6.8 Reimbursements by uninsured plans and fiscal intermediaries	0	0	0	0	0	0	0	0	0	0
	6.9 Taxes, Licenses and Fees (in total, for tying purposes)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0
	6.10 Total (6.7 to 6.9)	0	0	0	0	0	0	0	0	0	0
	6.11 Total Fraud and Abuse Detection/Recovery Expenses included in Column 7 (informational only)	0	0	0	0	0	0	0	0	0	0

SUPPLEMENT FOR THE YEAR 2018 OF THE UnitedHealthcare Insurance Company

SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 3 (Continued)

	All Expenses	Improving Health Care Quality Expenses						Claims Adjustment Expenses		9	10
		1 Improve Health Outcomes	2 Activities to Prevent Hospital Readmissions	3 Improve Patient Safety and Reduce Medical Errors	4 Wellness & Health Promotion Activities	5 HIT Expenses	6 Total (1 to 5)	7 Cost Containment Expenses	8 Other Claims Adjustment Expenses	General Administrative Expenses	Total Expenses (6 to 9)
7.	Small Group Expatriate Plans Expenses:										
	7.1 Salaries (including $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	7.2 Outsourced Services	0	0	0	0	0	0	0	0	0	0
	7.3 EDP Equipment and Software (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	7.4 Other Equipment (excl. EDP) (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	7.5 Accreditation and Certification (incl $ 0 for affiliated services)	0	XXX	XXX	XXX	XXX	0	0	0	0	0
	7.6 Other Expenses (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	7.7 Subtotal before Reimbursements and Taxes (Lines 7.1 to 7.6)	0	0	0	0	0	0	0	0	0	0
	7.8 Reimbursements by uninsured plans and fiscal intermediaries	0	0	0	0	0	0	0	0	0	0
	7.9 Taxes, Licenses and Fees (in total, for tying purposes)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0
	7.10 Total (7.7 to 7.9)	0	0	0	0	0	0	0	0	0	0
	7.11 Total Fraud and Abuse Detection/Recovery Expenses included in Column 7 (informational only)	0	0	0	0	0	0	0	0	0	0
8.	Large Group Expatriate Plans Expenses:										
	8.1 Salaries (including $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	8.2 Outsourced Services	0	0	0	0	0	0	0	0	0	0
	8.3 EDP Equipment and Software (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	8.4 Other Equipment (excl. EDP) (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	8.5 Accreditation and Certification (incl $ 0 for affiliated services)	0	XXX	XXX	XXX	XXX	0	0	0	0	0
	8.6 Other Expenses (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	8.7 Subtotal before Reimbursements and Taxes (Lines 8.1 to 8.6)	0	0	0	0	0	0	0	0	0	0
	8.8 Reimbursements by uninsured plans and fiscal intermediaries	0	0	0	0	0	0	0	0	0	0
	8.9 Taxes, Licenses and Fees (in total, for tying purposes)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0
	8.10 Total (8.7 to 8.9)	0	0	0	0	0	0	0	0	0	0
	8.11 Total Fraud and Abuse Detection/Recovery Expenses included in Column 7 (informational only)	0	0	0	0	0	0	0	0	0	0
9.	Student Health Plans Expenses:										
	9.1 Salaries (including $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	9.2 Outsourced Services	0	0	0	0	0	0	0	0	0	0
	9.3 EDP Equipment and Software (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	9.4 Other Equipment (excl. EDP) (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	9.5 Accreditation and Certification (incl $ 0 for affiliated services)	0	XXX	XXX	XXX	XXX	0	0	0	0	0
	9.6 Other Expenses (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	9.7 Subtotal before Reimbursements and Taxes (Lines 9.1 to 9.6)	0	0	0	0	0	0	0	0	0	0
	9.8 Reimbursements by uninsured plans and fiscal intermediaries	0	0	0	0	0	0	0	0	0	0
	9.9 Taxes, Licenses and Fees (in total, for tying purposes)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0
	9.10 Total (9.7 to 9.9)	0	0	0	0	0	0	0	0	0	0
	9.11 Total Fraud and Abuse Detection/Recovery Expenses included in Column 7 (informational only)	0	0	0	0	0	0	0	0	0	0

SUPPLEMENT FOR THE YEAR 2018 OF THE UnitedHealthcare Insurance Company

SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 1

(To Be Filed by April 1 - Not for Rebate Purposes - See Cautionary Statement at http://www.naic.org/documents/committees_e_app_blanks_related_shce_cautionary_statement.pdf)

REPORT FOR: 1. CORPORATION UnitedHealthcare Insurance Company 2. 185 Asylum Street Hartford, CT 061033408 (LOCATION)

NAIC Group Code 0707 BUSINESS IN THE STATE OF Maryland DURING THE YEAR 2018 NAIC Company Code 79413

	Business Subject to MLR								9	10	11	12	13	14	15
	Comprehensive Health Coverage			Mini-Med Plans			Expatriate Plans								
	1 Individual	2 Small Group Employer	3 Large Group Employer	4 Individual	5 Small Group Employer	6 Large Group Employer	7 Small Group	8 Large Group	Student Health Plans	Government Business (excluded by statute)	Other Health Business	Medicare Advantage Part C and Medicare Part D Stand-Alone Subject to ACA	Subtotal (Cols. 1 through 12)	Uninsured Plans	Total 13 + 14
1. Premium:															
1.1 Health premiums earned (From Part 2, Line 1.11)	1,179,664	142,335,339	427,591,653	0	0	0	0	0	0	0	331,686,953	176,185,270	1,078,978,877	XXX	1,078,978,877
1.2 Federal high risk pools	0	0	0	0	0	0	0	0	0	0	0	0	0	XXX	0
1.3 State high risk pools	(574)	(5,820)	(28,404)	0	0	0	0	0	0	0	158,478	0	123,681	XXX	123,681
1.4 Premiums earned including state and federal high risk programs (Lines 1.1 + 1.2 + 1.3)	1,179,090	142,329,519	427,563,249	0	0	0	0	0	0	0	331,845,430	176,185,270	1,079,102,558	XXX	1,079,102,558
1.5 Federal taxes and federal assessments	(12,429)	5,427,460	11,876,752	0	0	0	0	0	0	143,209	4,478,622	4,702,119	26,615,733	43,345	26,659,078
1.6 State insurance, premium and other taxes (Similar local taxes of $ 109,750)	19,025	2,540,388	7,971,891	0	0	0	0	0	0	0	5,171,349	19,609	15,722,262	13	15,722,275
1.6a Community Benefit Expenditures (informational only)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
1.7 Regulatory authority licenses and fees	552	43,070	277,700	0	0	0	0	0	0	0	(14,740)	0	306,581	0	306,581
1.8 Adjusted Premiums Earned (Lines 1.4 - 1.5 - 1.6 - 1.7)	1,171,942	134,318,602	407,436,906	0	0	0	0	0	0	(143,209)	322,210,200	171,463,542	1,036,457,982	XXX	1,036,414,624
1.9 Net Assumed less Ceded reinsurance premiums earned	1,195	111,245	(54,306,746)	0	0	0	0	0	0	712,411	(1,049,296)	0	(54,531,190)	XXX	(54,531,190)
1.10 Other Adjustments due to MLR calculations - Premiums	0	54,200	12,908	0	0	0	0	0	0	0	(237,933)	996,123	825,297	XXX	825,297
1.11 Risk Revenue	0	0	0	0	0	0	0	0	0	0	0	0	0	XXX	0
1.12 Net adjusted premiums earned after reinsurance (Lines 1.8 + 1.9 + 1.10 + 1.11)	1,173,137	134,484,047	353,143,068	0	0	0	0	0	0	569,201	320,922,971	172,459,665	982,752,089	XXX	982,708,731
2. Claims:															
2.1 Incurred claims excluding prescription drugs	879,499	91,017,893	292,040,256	0	0	0	0	0	0	(6,354)	255,931,077	70,871,918	710,734,290	XXX	710,734,290
2.2 Prescription drugs	388,069	23,740,244	84,656,859	0	0	0	0	0	0	0	4,895,613	175,713,742	289,394,527	XXX	289,394,527
2.3 Pharmaceutical rebates	126,496	8,022,794	25,704,198	0	0	0	0	0	0	0	97,909	97,895,448	131,846,846	XXX	131,846,846
2.4 State stop loss, market stabilization and claim/census based assessments (informational only)	3	127,226	556,008	0	0	0	0	0	0	0	172	0	683,410	XXX	683,410
3. Incurred medical incentive pools and bonuses	0	112,676	414,541	0	0	0	0	0	0	0	0	8,632	535,849	XXX	535,849
4. Deductible Fraud and Abuse Detection/Recovery Expenses (for MLR use only)	0	4,080	41,766	0	0	0	0	0	0	0	0	386	46,232	0	46,232
5. 5.0 Total Incurred Claims (Lines 2.1 + 2.2 - 2.3 + 3) (From Part 2, Line 2.15)	1,141,073	106,848,018	351,407,457	0	0	0	0	0	0	(6,354)	260,728,781	148,698,844	868,817,819	XXX	868,817,819
5.1 Net Assumed less Ceded reinsurance claims incurred	0	242,014	(44,902,262)	0	0	0	0	0	0	0	(194,412)	0	(44,854,660)	XXX	(44,854,660)
5.2 Other Adjustments due to MLR calculations - Claims	0	(1,652,017)	(7,273,264)	0	0	0	0	0	0	0	144	0	(8,925,137)	XXX	(8,925,137)
5.3 Rebates paid	0	1,652,017	14,013,684	0	0	0	0	0	0	XXX	XXX	0	15,665,701	XXX	15,665,701
5.4 Estimated rebates unpaid prior year	0	0	17,222,646	0	0	0	0	0	0	XXX	XXX	0	17,222,646	XXX	17,222,646
5.5 Estimated rebates unpaid current year	0	0	10,483,810	0	0	0	0	0	0	XXX	XXX	0	10,483,810	XXX	10,483,810
5.6 Fee for service and co-pay revenue	0	0	0	0	0	0	0	0	0	0	0	0	0	XXX	0
5.7 Net incurred claims after reinsurance (Lines 5.0 + 5.1 + 5.2 + 5.3 - 5.4 + 5.5 - 5.6)	1,141,073	107,090,032	306,506,780	0	0	0	0	0	0	(6,354)	260,534,513	148,698,844	823,964,888	XXX	823,964,888
6. Improving Health Care Quality Expenses Incurred:															
6.1 Improve health outcomes	9,437	1,138,683	3,420,733	0	0	0	0	0	0	0	612,023	376,551	5,557,427	1,904	5,559,331
6.2 Activities to prevent hospital readmissions	0	0	0	0	0	0	0	0	0	0	159,655	117,147	276,802	(16)	276,786
6.3 Improve patient safety and reduce medical errors	0	0	0	0	0	0	0	0	0	0	132,967	471,935	604,902	6,104	611,006
6.4 Wellness and health promotion activities	0	0	0	0	0	0	0	0	0	0	1,946,096	(76,220)	1,869,876	(2,218)	1,867,659
6.5 Health Information Technology expenses related to health improvement	0	0	0	0	0	0	0	0	0	0	134,190	505,402	639,591	3,197	642,789
6.6 Total of Defined Expenses Incurred for Improving Health Care Quality (Lines 6.1+6.2+6.3+6.4+6.5)	9,437	1,138,683	3,420,733	0	0	0	0	0	0	0	2,984,931	1,394,815	8,948,599	8,972	8,957,570
7. Preliminary Medical Loss Ratio: MLR ((Lines 4 + 5.0 + 6.6 - Footnote 2.0)/Line 1.8	0.982	0.804	0.871	0.000	0.000	0.000	0.000	0.000	0.000	XXX	XXX	0.875	XXX	XXX	XXX
8. Claims Adjustment Expenses:															
8.1 Cost containment expenses not included in quality of care expenses in Line 6.6	12,452	1,686,882	5,124,437	0	0	0	0	0	0	0	501,180	2,645,167	9,970,119	23,258	9,993,377
8.2 All other claims adjustment expenses	22,699	2,308,065	6,398,246	0	0	0	0	0	0	0	4,514,987	9,274,946	22,518,942	126,065	22,645,007
8.3 Total claims adjustment expenses (Lines 8.1 + 8.2)	35,151	3,994,947	11,522,683	0	0	0	0	0	0	0	5,016,167	11,920,113	32,489,061	149,323	32,638,384
9. Claims Adjustment Expense Ratio (Line 8.3/Line 1.8)	0.030	0.030	0.028	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.016	0.070	XXX	XXX	XXX

SUPPLEMENT FOR THE YEAR 2018 OF THE UnitedHealthcare Insurance Company

SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 1 (Continued)

	Business Subject to MLR									10	11	12	13	14	15
	Comprehensive Health Coverage			Mini-Med Plans			Expatriate Plans		9						
	1 Individual	2 Small Group Employer	3 Large Group Employer	4 Individual	5 Small Group Employer	6 Large Group Employer	7 Small Group	8 Large Group	Student Health Plans	Government Business (excluded by statute)	Other Health Business	Medicare Advantage Part C and Medicare Part D Stand-Alone Subject to ACA	Subtotal (Cols. 1 through 12)	Uninsured Plans	Total 13 + 14
10. General and Administrative (G&A) Expenses:															
10.1 Direct sales salaries and benefits	3,894	519,707	1,925,368	0	0	0	0	0	0	0	624,600	283,404	3,356,973	6,080	3,363,052
10.2 Agents and brokers fees and commissions	34,770	4,860,884	16,576,256	0	0	0	0	0	0	0	8,688,968	688,674	30,849,551	25	30,849,577
10.3 Other taxes (excluding taxes on Lines 1.5 through 1.7 and Line 14 below)	(1,434)	134,847	225,771	0	0	0	0	0	0	0	564,791	317,813	1,241,788	708	1,242,496
10.4 Other general and administrative expenses	68,839	6,905,862	12,308,053	0	0	0	0	0	0	0	28,250,919	10,597,124	58,130,797	19,562	58,150,359
10.4a Community Benefit Expenditures (informational only)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
10.5 Total general and administrative (Lines 10.1 +10.2 + 10.3 + 10.4)	106,069	12,421,301	31,035,448	0	0	0	0	0	0	0	38,129,278	11,887,014	93,579,109	26,375	93,605,484
11. Underwriting Gain/(Loss) (Lines 1.12 - 5.7 - 6.6 - 8.3 - 10.5)	(118,592)	9,839,084	657,423	0	0	0	0	0	0	575,555	14,258,083	(1,441,120)	23,770,432	XXX	23,542,404
12. Income from fees of uninsured plans	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	402,230	402,230
13. Net investment and other gain/(loss)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	14,745,909	XXX	14,745,909
14. Federal income taxes (excluding taxes on Line 1.5 above)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	(929,489)	XXX	(929,489)
15. Net gain or (loss) (Lines 11 + 12 + 13 - 14)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	39,445,831	XXX	39,620,033
16. ICD-10 Implementation Expenses (informational only; already included in general expenses and line 10.4)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
16. 16a ICD-10 Implementation Expenses (informational only; already included in line 10.4)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
OTHER INDICATORS:															
1. Number of certificates/policies	123	12,995	42,831	0	0	0	0	0	0	0	265,812	103,674	425,435	2,750	428,185
2. Number of Covered Lives	238	25,327	76,370	0	0	0	0	0	0	0	397,980	103,674	603,589	2,750	606,339
3. Number of Groups	XXX	2,129	952	XXX	0	0	0	0	0	0	5,473	7	8,561	1	8,562
4. Member Months	2,695	290,901	994,307	0	0	0	0	0	0	0	4,777,005	1,255,098	7,320,006	32,309	7,352,315

Is run off business reported in Columns 1 through 9 or 12? Yes [ ] No [ ] If yes, show the amount of premiums and claims included. Premiums $ 0 Claims $ 0

216-2.MD

AFFORDABLE CARE ACT (ACA) RECEIPTS, PAYMENTS, RECEIVABLES and PAYABLES

	Current Year Comprehensive Health Coverage		Prior Year Comprehensive Health Coverage	
	1 Individual Plans	2 Small Group Employer Plans	3 Individual Plans	4 Small Group Employer Plans
ACA Receivables and Payables				
1. Permanent ACA Risk Adjustment Program 1.0 Premium adjustments receivable/(payable)	(156,828)	5,261,098	(95,423)	(5,555,959)
2. Transitional ACA Reinsurance Program 2.0 Total amounts recoverable for claims (paid & unpaid)	0	XXX	0	XXX
3. Temporary ACA Risk Corridors Program 3.1 Accrued retrospective premium	0	0	0	0
3.2 Reserve for rate credits or policy experience refunds	0	0	0	0
ACA Receipts and Payments				
4. Permanent ACA Risk Adjustment Program 4.0 Premium adjustments receipts/(payments)	(38,873)	(1,603,816)	(33,012)	(1,389,181)
5. Transitional ACA Reinsurance Program 5.0 Amounts received for claims	0	XXX	0	XXX
6. Temporary ACA Risk Corridors Program 6.1 Retrospective premium received	0	0	0	0
6.2 Rate credits or policy experience refunds paid	0	0	0	0

SUPPLEMENT FOR THE YEAR 2018 OF THE UnitedHealthcare Insurance Company

SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 2

(To Be Filed by April 1 - Not for Rebate Purposes)

REPORT FOR: 1. CORPORATION UnitedHealthcare Insurance Company 2. 185 Asylum Street Hartford, CT 061033408 (LOCATION)

NAIC Group Code 0707 BUSINESS IN THE STATE OF Maryland DURING THE YEAR 2018 NAIC Company Code 79413

	Business Subject to MLR												
	Comprehensive Health Coverage			Mini-Med Plans			Expatriate Plans:		9	10	11	12	13
	1	2	3	4	5	6	7	8					
	Individual	Small Group Employer	Large Group Employer	Individual	Small Group Employer	Large Group Employer	Small Group	Large Group	Student Health Plans	Government Business (excluded by statute)	Other Health Business	Medicare Advantage Part C and Medicare Part D Stand-Alone Subject to ACA	Total (a)
1. Health Premiums Earned:													
1.1 Direct premiums written	1,179,664	142,395,486	427,614,227	0	0	0	0	0	0	0	331,476,530	177,181,393	1,079,847,299
1.2 Unearned premium prior year	0	11,200	20,390	0	0	0	0	0	0	0	4,357	0	35,947
1.3 Unearned premium current year	0	17,148	30,057	0	0	0	0	0	0	0	31,867	0	79,071
1.4 Change in unearned premium (Lines 1.2 - 1.3)	0	(5,948)	(9,666)	0	0	0	0	0	0	0	(27,510)	0	(43,125)
1.5 Paid rate credits	178,991	1,652,017	13,284,657	0	0	0	0	0	0	0	(2,297,327)	6,861,460	19,679,798
1.6 Reserve for rate credits current year	0	0	9,761,816	0	0	0	0	0	0	0	795,253	4,061,485	14,618,554
1.7 Reserve for rate credits prior year	0	0	16,492,316	0	0	0	0	0	0	0	667,004	7,964,493	25,123,813
1.8 Change in reserve for rate credits (Lines 1.6 - 1.7)	0	0	(6,730,499)	0	0	0	0	0	0	0	128,249	(3,903,008)	(10,505,259)
1.9 Premium balances written off	0	54,200	12,908	0	0	0	0	0	0	0	(237,933)	996,123	825,297
1.10 Group conversion charge	0	0	0	0	0	0	0	0	0	0	0	0	0
1.11 Total direct premiums earned (Lines 1.1 + 1.4 - 1.9 + 1.10)	1,179,664	142,335,339	427,591,653	0	0	0	0	0	0	0	331,686,953	176,185,270	1,078,978,877
1.12 Assumed premiums earned from non-affiliates	0	0	0	0	0	0	0	0	0	0	0	0	0
1.13 Net Assumed less Ceded premiums earned from affiliates	1,195	111,245	116,016	0	0	0	0	0	0	712,411	0	0	940,867
1.14 Ceded premiums earned to non-affiliates	0	0	54,422,762	0	0	0	0	0	0	0	1,049,296	0	55,472,058
1.15 Other Adjustments due to MLR calculation - Premiums	0	54,200	12,908	0	0	0	0	0	0	0	(237,933)	996,123	825,297
1.16 Net premiums earned (Lines 1.11 - 1.5 - 1.8 + 1.12 + 1.13 - 1.14 + 1.15)	1,001,867	140,848,766	366,743,657	0	0	0	0	0	0	712,411	332,568,802	174,222,941	1,016,098,445
2. Direct Claims Incurred:													
2.1 Paid claims during the year	1,004,445	101,695,229	343,647,337	0	0	0	0	0	0	566,628	259,084,646	151,155,043	857,153,327
2.2 Direct claim liability current year	14,329	13,651,499	34,237,052	0	0	0	0	0	0	(54,055)	35,301,890	2,307,567	85,458,282
2.3 Direct claim liability prior year	8,484	9,714,607	33,779,997	0	0	0	0	0	0	518,926	31,136,751	8,490,486	83,649,251
2.4 Direct claim reserves current year	979	269,055	796,989	0	0	0	0	0	0	0	14,737,524	0	15,804,546
2.5 Direct claim reserves prior year	1,162	211,560	816,414	0	0	0	0	0	0	0	15,203,319	0	16,232,454
2.6 Direct contract reserves current year	209,484	0	0	0	0	0	0	0	0	0	197,963	0	407,447
2.7 Direct contract reserves prior year	256,886	0	0	0	0	0	0	0	0	0	55,922	0	312,809
2.8 Paid rate credits	178,991	1,652,017	13,284,657	0	0	0	0	0	0	0	(2,297,327)	6,861,460	19,679,798
2.9 Reserve for rate credits current year	0	0	9,761,816	0	0	0	0	0	0	0	795,253	4,061,485	14,618,554
2.10 Reserve for rate credits prior year	0	0	16,492,316	0	0	0	0	0	0	0	667,004	7,964,493	25,123,813
2.11 Incurred medical incentive pools and bonuses (Lines 2.11a + 2.11b - 2.11c)	0	112,676	414,541	0	0	0	0	0	0	0	0	8,632	535,849
2.11a Paid medical incentive pools and bonuses current year	0	15,866	68,736	0	0	0	0	0	0	0	0	7,810	92,412
2.11b Accrued medical incentive pools and bonuses current year	0	181,805	775,281	0	0	0	0	0	0	0	0	822	957,907
2.11c Accrued medical incentive pools and bonuses prior year	0	84,995	429,476	0	0	0	0	0	0	0	0	0	514,471
2.12 Net healthcare receivables (Lines 2.12a - 2.12b)	624	606,291	(353,791)	0	0	0	0	0	0	0	28,171	(759,636)	(478,342)
2.12a Healthcare receivables current year	624	3,458,864	9,609,883	0	0	0	0	0	0	0	28,311	31,678,196	44,775,877
2.12b Healthcare receivables prior year	0	2,852,573	9,963,674	0	0	0	0	0	0	0	140	32,437,832	45,254,219
2.13 Group conversion charge	0	0	0	0	0	0	0	0	0	0	0	0	0
2.14 Multi-option coverage blended rate adjustment	0	0	0	0	0	0	0	0	0	0	0	0	0
2.15 Total incurred claims (Lines 2.1 + 2.2 - 2.3 + 2.4 - 2.5 + 2.6 - 2.7 + 2.8 + 2.9 - 2.10 + 2.11 - 2.12 + 2.13 + 2.14)	1,141,073	106,848,018	351,407,457	0	0	0	0	0	0	(6,354)	260,728,781	148,698,843	868,817,819
2.16 Assumed incurred claims from non-affiliates	0	0	508	0	0	0	0	0	0	0	0	0	508
2.17 Net assumed less ceded incurred claims from affiliates	0	242,014	(559,288)	0	0	0	0	0	0	0	0	0	(317,274)
2.18 Ceded incurred claims to non-affiliates	0	0	44,343,483	0	0	0	0	0	0	0	194,412	0	44,537,895
2.19 Other adjustments due to MLR calculation - Claims	0	0	0	0	0	0	0	0	0	0	0	0	0
2.20 Net Incurred Claims (Lines 2.15 - 2.8 - 2.9 + 2.10 + 2.16 + 2.17 - 2.18 + 2.19)	962,081	105,438,015	299,951,038	0	0	0	0	0	0	(6,354)	262,703,447	145,740,391	814,788,619
3. Fraud and Abuse Recoveries that Reduced PAID Claims in Line 2.1 above (informational only)	0	4,080	41,766	0	0	0	0	0	0	0	0	6,285	52,131

(a) Column 13, Line 1.1 includes direct written premium of $ 22,966,368 for stand-alone dental and $ 8,906,827 for stand-alone vision policies.

SUPPLEMENT FOR THE YEAR 2018 OF THE UnitedHealthcare Insurance Company

SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 3

(To Be Filed by April 1 - Not for Rebate Purposes)

REPORT FOR: 1. CORPORATION UnitedHealthcare Insurance Company 2. 185 Asylum Street Hartford, CT 061033408 (LOCATION)

NAIC Group Code 0707 BUSINESS IN THE STATE OF Maryland DURING THE YEAR 2018 NAIC Company Code 79413

	All Expenses	Improving Health Care Quality Expenses						Claims Adjustment Expenses		9	10
		1 Improve Health Outcomes	2 Activities to Prevent Hospital Readmissions	3 Improve Patient Safety and Reduce Medical Errors	4 Wellness & Health Promotion Activities	5 HIT Expenses	6 Total (1 to 5)	7 Cost Containment Expenses	8 Other Claims Adjustment Expenses	General Administrative Expenses	Total Expenses (6 to 9)
1.	Individual Comprehensive Coverage Expenses:										
	1.1 Salaries (including $ 35,334 for affiliated services)	0	0	0	0	0	0	3,511	8,042	23,781	35,334
	1.2 Outsourced Services	0	0	0	0	0	0	402	641	1,724	2,767
	1.3 EDP Equipment and Software (incl $ 2,018 for affiliated services)	0	0	0	0	0	0	293	456	1,269	2,018
	1.4 Other Equipment (excl. EDP) (incl $ 194 for affiliated services)	0	0	0	0	0	0	28	44	110	182
	1.5 Accreditation and Certification (incl $ 21 for affiliated services)	0	XXX	XXX	XXX	XXX	0	3	5	13	21
	1.6 Other Expenses (incl $ 63,428 for affiliated services)	9,437	0	0	0	0	9,437	7,852	13,125	80,331	110,745
	1.7 Subtotal before Reimbursements and Taxes (Lines 1.1 to 1.6)	9,437	0	0	0	0	9,437	12,089	22,312	107,228	151,066
	1.8 Reimbursements by uninsured plans and fiscal intermediaries	0	0	0	0	0	0	0	0	0	0
	1.9 Taxes, Licenses and Fees (in total, for tying purposes)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	19,168	19,168
	1.10 Total (1.7 to 1.9)	9,437	0	0	0	0	9,437	12,089	22,312	126,396	170,234
	1.11 Total Fraud and Abuse Detection/Recovery Expenses included in Column 7 (informational only)	0	0	0	0	0	0	3,145	0	0	3,145
2.	Small Group Comprehensive Coverage Expenses:										
	2.1 Salaries (including $ 3,376,140 for affiliated services)	0	0	0	0	0	0	426,885	655,244	2,294,012	3,376,140
	2.2 Outsourced Services	0	0	0	0	0	0	189,837	75,178	282,156	547,171
	2.3 EDP Equipment and Software (incl $ 240,086 for affiliated services)	0	0	0	0	0	0	35,647	54,716	149,723	240,086
	2.4 Other Equipment (excl. EDP) (incl $ 23,045 for affiliated services)	0	0	0	0	0	0	3,422	5,252	14,372	23,045
	2.5 Accreditation and Certification (incl $ 2,502 for affiliated services)	0	XXX	XXX	XXX	XXX	0	372	570	1,560	2,502
	2.6 Other Expenses (incl $ 7,891,242 for affiliated services)	1,138,683	0	0	0	0	1,138,683	982,189	1,465,496	9,507,886	13,094,253
	2.7 Subtotal before Reimbursements and Taxes (Lines 2.1 to 2.6)	1,138,683	0	0	0	0	1,138,683	1,638,352	2,256,455	12,249,709	17,283,198
	2.8 Reimbursements by uninsured plans and fiscal intermediaries	0	0	0	0	0	0	0	0	0	0
	2.9 Taxes, Licenses and Fees (in total, for tying purposes)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	2,855,189	2,855,189
	2.10 Total (2.7 to 2.9)	1,138,683	0	0	0	0	1,138,683	1,638,352	2,256,455	15,104,899	20,138,388
	2.11 Total Fraud and Abuse Detection/Recovery Expenses included in Column 7 (informational only)	0	0	0	0	0	0	420,937	0	0	420,937
3.	Large Group Comprehensive Coverage Expenses:										
	3.1 Salaries (including $ 9,292,191 for affiliated services)	0	0	0	0	0	0	1,299,716	1,819,392	6,173,084	9,292,191
	3.2 Outsourced Services	0	0	0	0	0	0	567,916	208,435	704,956	1,481,307
	3.3 EDP Equipment and Software (incl $ 620,946 for affiliated services)	0	0	0	0	0	0	108,532	151,928	360,486	620,946
	3.4 Other Equipment (excl. EDP) (incl $ 59,603 for affiliated services)	0	0	0	0	0	0	10,418	14,583	34,602	59,603
	3.5 Accreditation and Certification (incl $ 6,472 for affiliated services)	0	XXX	XXX	XXX	XXX	0	1,131	1,583	3,757	6,472
	3.6 Other Expenses (incl $ 21,554,233 for affiliated services)	3,420,733	0	0	0	0	3,420,733	2,988,258	4,069,190	23,405,091	33,883,272
	3.7 Subtotal before Reimbursements and Taxes (Lines 3.1 to 3.6)	3,420,733	0	0	0	0	3,420,733	4,975,971	6,265,111	30,681,976	45,343,791
	3.8 Reimbursements by uninsured plans and fiscal intermediaries	0	0	0	0	0	0	0	0	0	0
	3.9 Taxes, Licenses and Fees (in total, for tying purposes)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	8,884,665	8,884,665
	3.10 Total (3.7 to 3.9)	3,420,733	0	0	0	0	3,420,733	4,975,971	6,265,111	39,566,641	54,228,456
	3.11 Total Fraud and Abuse Detection/Recovery Expenses included in Column 7 (informational only)	0	0	0	0	0	0	1,360,811	0	0	1,360,811

SUPPLEMENT FOR THE YEAR 2018 OF THE UnitedHealthcare Insurance Company

SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 3 (Continued)

	All Expenses	Improving Health Care Quality Expenses						Claims Adjustment Expenses		9	10
		1 Improve Health Outcomes	2 Activities to Prevent Hospital Readmissions	3 Improve Patient Safety and Reduce Medical Errors	4 Wellness & Health Promotion Activities	5 HIT Expenses	6 Total (1 to 5)	7 Cost Containment Expenses	8 Other Claims Adjustment Expenses	General Administrative Expenses	Total Expenses (6 to 9)
4.	Individual Mini-Med Plans Expenses:										
	4.1 Salaries (including $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	4.2 Outsourced Services	0	0	0	0	0	0	0	0	0	0
	4.3 EDP Equipment and Software (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	4.4 Other Equipment (excl. EDP) (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	4.5 Accreditation and Certification (incl $ 0 for affiliated services)	0	XXX	XXX	XXX	XXX	0	0	0	0	0
	4.6 Other Expenses (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	4.7 Subtotal before Reimbursements and Taxes (Lines 4.1 to 4.6)	0	0	0	0	0	0	0	0	0	0
	4.8 Reimbursements by uninsured plans and fiscal intermediaries	0	0	0	0	0	0	0	0	0	0
	4.9 Taxes, Licenses and Fees (in total, for tying purposes)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0
	4.10 Total (4.7 to 4.9)	0	0	0	0	0	0	0	0	0	0
	4.11 Total Fraud and Abuse Detection/Recovery Expenses included in Column 7 (informational only)	0	0	0	0	0	0	0	0	0	0
5.	Small Group Mini-Med Plans Expenses:										
	5.1 Salaries (including $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	5.2 Outsourced Services	0	0	0	0	0	0	0	0	0	0
	5.3 EDP Equipment and Software (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	5.4 Other Equipment (excl. EDP) (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	5.5 Accreditation and Certification (incl $ 0 for affiliated services)	0	XXX	XXX	XXX	XXX	0	0	0	0	0
	5.6 Other Expenses (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	5.7 Subtotal before Reimbursements and Taxes (Lines 5.1 to 5.6)	0	0	0	0	0	0	0	0	0	0
	5.8 Reimbursements by uninsured plans and fiscal intermediaries	0	0	0	0	0	0	0	0	0	0
	5.9 Taxes, Licenses and Fees (in total, for tying purposes)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0
	5.10 Total (5.7 to 5.9)	0	0	0	0	0	0	0	0	0	0
	5.11 Total Fraud and Abuse Detection/Recovery Expenses included in Column 7 (informational only)	0	0	0	0	0	0	0	0	0	0
6.	Large Group Mini-Med Plans Expenses:										
	6.1 Salaries (including $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	6.2 Outsourced Services	0	0	0	0	0	0	0	0	0	0
	6.3 EDP Equipment and Software (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	6.4 Other Equipment (excl. EDP) (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	6.5 Accreditation and Certification (incl $ 0 for affiliated services)	0	XXX	XXX	XXX	XXX	0	0	0	0	0
	6.6 Other Expenses (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	6.7 Subtotal before Reimbursements and Taxes (Lines 6.1 to 6.6)	0	0	0	0	0	0	0	0	0	0
	6.8 Reimbursements by uninsured plans and fiscal intermediaries	0	0	0	0	0	0	0	0	0	0
	6.9 Taxes, Licenses and Fees (in total, for tying purposes)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0
	6.10 Total (6.7 to 6.9)	0	0	0	0	0	0	0	0	0	0
	6.11 Total Fraud and Abuse Detection/Recovery Expenses included in Column 7 (informational only)	0	0	0	0	0	0	0	0	0	0

SUPPLEMENT FOR THE YEAR 2018 OF THE UnitedHealthcare Insurance Company

SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 3 (Continued)

	All Expenses	Improving Health Care Quality Expenses						Claims Adjustment Expenses		9	10
		1 Improve Health Outcomes	2 Activities to Prevent Hospital Readmissions	3 Improve Patient Safety and Reduce Medical Errors	4 Wellness & Health Promotion Activities	5 HIT Expenses	6 Total (1 to 5)	7 Cost Containment Expenses	8 Other Claims Adjustment Expenses	General Administrative Expenses	Total Expenses (6 to 9)
7.	Small Group Expatriate Plans Expenses:										
	7.1 Salaries (including $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	7.2 Outsourced Services	0	0	0	0	0	0	0	0	0	0
	7.3 EDP Equipment and Software (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	7.4 Other Equipment (excl. EDP) (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	7.5 Accreditation and Certification (incl $ 0 for affiliated services)	0	XXX	XXX	XXX	XXX	0	0	0	0	0
	7.6 Other Expenses (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	7.7 Subtotal before Reimbursements and Taxes (Lines 7.1 to 7.6)	0	0	0	0	0	0	0	0	0	0
	7.8 Reimbursements by uninsured plans and fiscal intermediaries	0	0	0	0	0	0	0	0	0	0
	7.9 Taxes, Licenses and Fees (in total, for tying purposes)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0
	7.10 Total (7.7 to 7.9)	0	0	0	0	0	0	0	0	0	0
	7.11 Total Fraud and Abuse Detection/Recovery Expenses included in Column 7 (informational only)	0	0	0	0	0	0	0	0	0	0
8.	Large Group Expatriate Plans Expenses:										
	8.1 Salaries (including $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	8.2 Outsourced Services	0	0	0	0	0	0	0	0	0	0
	8.3 EDP Equipment and Software (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	8.4 Other Equipment (excl. EDP) (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	8.5 Accreditation and Certification (incl $ 0 for affiliated services)	0	XXX	XXX	XXX	XXX	0	0	0	0	0
	8.6 Other Expenses (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	8.7 Subtotal before Reimbursements and Taxes (Lines 8.1 to 8.6)	0	0	0	0	0	0	0	0	0	0
	8.8 Reimbursements by uninsured plans and fiscal intermediaries	0	0	0	0	0	0	0	0	0	0
	8.9 Taxes, Licenses and Fees (in total, for tying purposes)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0
	8.10 Total (8.7 to 8.9)	0	0	0	0	0	0	0	0	0	0
	8.11 Total Fraud and Abuse Detection/Recovery Expenses included in Column 7 (informational only)	0	0	0	0	0	0	0	0	0	0
9.	Student Health Plans Expenses:										
	9.1 Salaries (including $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	9.2 Outsourced Services	0	0	0	0	0	0	0	0	0	0
	9.3 EDP Equipment and Software (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	9.4 Other Equipment (excl. EDP) (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	9.5 Accreditation and Certification (incl $ 0 for affiliated services)	0	XXX	XXX	XXX	XXX	0	0	0	0	0
	9.6 Other Expenses (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	9.7 Subtotal before Reimbursements and Taxes (Lines 9.1 to 9.6)	0	0	0	0	0	0	0	0	0	0
	9.8 Reimbursements by uninsured plans and fiscal intermediaries	0	0	0	0	0	0	0	0	0	0
	9.9 Taxes, Licenses and Fees (in total, for tying purposes)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0
	9.10 Total (9.7 to 9.9)	0	0	0	0	0	0	0	0	0	0
	9.11 Total Fraud and Abuse Detection/Recovery Expenses included in Column 7 (informational only)	0	0	0	0	0	0	0	0	0	0

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SUPPLEMENT FOR THE YEAR 2018 OF THE UnitedHealthcare Insurance Company

SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 1

(To Be Filed by April 1 - Not for Rebate Purposes - See Cautionary Statement at http://www.naic.org/documents/committees_e_app_blanks_related_shce_cautionary_statement.pdf)

REPORT FOR: 1. CORPORATION UnitedHealthcare Insurance Company 2. 185 Asylum Street Hartford, CT 061033408 (LOCATION)

NAIC Group Code 0707 BUSINESS IN THE STATE OF Massachusetts DURING THE YEAR 2018 NAIC Company Code 79413

	Business Subject to MLR								9	10	11	12	13	14	15
	Comprehensive Health Coverage			Mini-Med Plans			Expatriate Plans								
	1 Individual	2 Small Group Employer	3 Large Group Employer	4 Individual	5 Small Group Employer	6 Large Group Employer	7 Small Group	8 Large Group	Student Health Plans	Government Business (excluded by statute)	Other Health Business	Medicare Advantage Part C and Medicare Part D Stand-Alone Subject to ACA	Subtotal (Cols. 1 through 12)	Uninsured Plans	Total 13 + 14
1. Premium:															
1.1 Health premiums earned (From Part 2, Line 1.11)	1,430,197	45,762,614	156,967,272	0	0	0	0	0	0	410,827,064	123,858,935	491,447,067	1,230,293,148	XXX	1,230,293,148
1.2 Federal high risk pools	0	0	0	0	0	0	0	0	0	0	0	0	0	XXX	0
1.3 State high risk pools	(71)	(2,815)	(2,845)	0	0	0	0	0	0	0	41,948	0	36,217	XXX	36,217
1.4 Premiums earned including state and federal high risk programs (Lines 1.1 + 1.2 + 1.3)	1,430,126	45,759,798	156,964,427	0	0	0	0	0	0	410,827,064	123,900,883	491,447,067	1,230,329,365	XXX	1,230,329,365
1.5 Federal taxes and federal assessments	(38,850)	2,277,186	6,467,569	0	0	0	0	0	0	2,270,534	1,434,396	14,973,753	27,384,588	125,831	27,510,420
1.6 State insurance, premium and other taxes (Similar local taxes of $ 157,907)	19,165	851,063	2,757,454	0	0	0	0	0	0	(79,463)	2,330,683	(15,046)	5,863,857	0	5,863,857
1.6a Community Benefit Expenditures (informational only)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
1.7 Regulatory authority licenses and fees	667	22,383	100,204	0	0	0	0	0	0	0	(13,466)	0	109,788	0	109,788
1.8 Adjusted Premiums Earned (Lines 1.4 - 1.5 - 1.6 - 1.7)	1,449,144	42,609,166	147,639,200	0	0	0	0	0	0	408,635,993	120,149,269	476,488,360	1,196,971,132	XXX	1,196,845,301
1.9 Net Assumed less Ceded reinsurance premiums earned	0	0	(656,872)	0	0	0	0	0	0	0	588,836	175,753	107,718	XXX	107,718
1.10 Other Adjustments due to MLR calculations - Premiums	27,624	14,421	25	0	0	0	0	0	0	0	918	962,205	1,005,193	XXX	1,005,193
1.11 Risk Revenue	0	0	0	0	0	0	0	0	0	0	0	0	0	XXX	0
1.12 Net adjusted premiums earned after reinsurance (Lines 1.8 + 1.9 + 1.10 + 1.11)	1,476,768	42,623,587	146,982,353	0	0	0	0	0	0	408,635,993	120,739,024	477,626,318	1,198,084,043	XXX	1,197,958,212
2. Claims:															
2.1 Incurred claims excluding prescription drugs	1,424,262	27,944,841	100,236,931	0	0	0	0	0	0	364,594,610	96,156,152	341,127,939	931,484,735	XXX	931,484,735
2.2 Prescription drugs	227,367	7,226,157	23,825,048	0	0	0	0	0	0	5,538,141	1,164,918	174,790,741	212,772,372	XXX	212,772,372
2.3 Pharmaceutical rebates	84,910	2,664,260	7,227,788	0	0	0	0	0	0	122,205	20,535	101,690,043	111,809,741	XXX	111,809,741
2.4 State stop loss, market stabilization and claim/census based assessments (informational only)	1,707	519,903	1,313,281	0	0	0	0	0	0	0	125,550	0	1,960,440	XXX	1,960,440
3. Incurred medical incentive pools and bonuses	0	86,892	84,268	0	0	0	0	0	0	(3,104)	0	2,325,618	2,493,674	XXX	2,493,674
4. Deductible Fraud and Abuse Detection/Recovery Expenses (for MLR use only)	1	1,783	25,703	0	0	0	0	0	0	2,211	0	32,303	62,000	0	62,000
5. 5.0 Total Incurred Claims (Lines 2.1 + 2.2 - 2.3 + 3) (From Part 2, Line 2.15)	1,566,719	32,593,630	116,918,459	0	0	0	0	0	0	370,007,443	97,300,534	416,554,255	1,034,941,040	XXX	1,034,941,040
5.1 Net Assumed less Ceded reinsurance claims incurred	(7)	0	5,348,120	0	0	0	0	0	0	0	234,385	0	5,582,498	XXX	5,582,498
5.2 Other Adjustments due to MLR calculations - Claims	0	(299,791)	0	0	0	0	0	0	0	0	0	(13,898,092)	(14,197,883)	XXX	(14,197,883)
5.3 Rebates paid	0	0	0	0	0	0	0	0	0	XXX	XXX	25,425,819	25,425,819	XXX	25,425,819
5.4 Estimated rebates unpaid prior year	0	0	0	0	0	0	0	0	0	XXX	XXX	22,792,081	22,792,081	XXX	22,792,081
5.5 Estimated rebates unpaid current year	0	299,791	0	0	0	0	0	0	0	XXX	XXX	11,264,354	11,564,145	XXX	11,564,145
5.6 Fee for service and co-pay revenue	0	0	0	0	0	0	0	0	0	0	0	0	0	XXX	0
5.7 Net incurred claims after reinsurance (Lines 5.0 + 5.1 + 5.2 + 5.3 - 5.4 + 5.5 - 5.6)	1,566,712	32,593,630	122,266,579	0	0	0	0	0	0	370,007,443	97,534,919	416,554,255	1,040,523,537	XXX	1,040,523,537
6. Improving Health Care Quality Expenses Incurred:															
6.1 Improve health outcomes	11,442	366,101	1,255,738	0	0	0	0	0	0	5,840,746	169,617	5,373,237	13,016,880	0	13,016,880
6.2 Activities to prevent hospital readmissions	0	0	0	0	0	0	0	0	0	3,278,221	15,966	2,645,926	5,940,113	0	5,940,113
6.3 Improve patient safety and reduce medical errors	0	0	0	0	0	0	0	0	0	2,805,314	16,496	2,275,157	5,096,967	0	5,096,967
6.4 Wellness and health promotion activities	0	0	0	0	0	0	0	0	0	2,380,000	685,704	1,739,682	4,805,386	0	4,805,386
6.5 Health Information Technology expenses related to health improvement	0	0	0	0	0	0	0	0	0	593,142	41,000	1,005,202	1,639,344	0	1,639,344
6.6 Total of Defined Expenses Incurred for Improving Health Care Quality (Lines 6.1+6.2+6.3+6.4+6.5)	11,442	366,101	1,255,738	0	0	0	0	0	0	14,897,423	928,782	13,039,203	30,498,689	0	30,498,689
7. Preliminary Medical Loss Ratio: MLR ((Lines 4 + 5.0 + 6.6 - Footnote 2.0)/Line 1.8	1.088	0.774	0.801	0.000	0.000	0.000	0.000	0.000	0.000	XXX	XXX	0.902	XXX	XXX	XXX
8. Claims Adjustment Expenses:															
8.1 Cost containment expenses not included in quality of care expenses in Line 6.6	9,790	532,804	1,635,778	0	0	0	0	0	0	5,747,628	215,002	5,074,303	13,215,305	0	13,215,305
8.2 All other claims adjustment expenses	15,105	701,429	1,731,668	0	0	0	0	0	0	5,054,691	1,727,149	7,768,366	16,998,409	0	16,998,409
8.3 Total claims adjustment expenses (Lines 8.1 + 8.2)	24,895	1,234,233	3,367,446	0	0	0	0	0	0	10,802,319	1,942,152	12,842,669	30,213,713	0	30,213,713
9. Claims Adjustment Expense Ratio (Line 8.3/Line 1.8)	0.017	0.029	0.023	0.000	0.000	0.000	0.000	0.000	0.000	0.026	0.016	0.027	XXX	XXX	XXX

SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 1 (Continued)

	Business Subject to MLR									10	11	12	13	14	15
	Comprehensive Health Coverage			Mini-Med Plans			Expatriate Plans		9						
	1 Individual	2 Small Group Employer	3 Large Group Employer	4 Individual	5 Small Group Employer	6 Large Group Employer	7 Small Group	8 Large Group	Student Health Plans	Government Business (excluded by statute)	Other Health Business	Medicare Advantage Part C and Medicare Part D Stand-Alone Subject to ACA	Subtotal (Cols. 1 through 12)	Uninsured Plans	Total 13 + 14
10. General and Administrative (G&A) Expenses:															
10.1 Direct sales salaries and benefits	3,481	167,211	650,970	0	0	0	0	0	0	2,394,861	256,887	2,095,670	5,569,080	0	5,569,080
10.2 Agents and brokers fees and commissions	23,340	961,785	4,318,505	0	0	0	0	0	0	14,085	4,873,885	2,315,297	12,506,896	0	12,506,896
10.3 Other taxes (excluding taxes on Lines 1.5 through 1.7 and Line 14 below)	(1,749)	27,289	156,412	0	0	0	0	0	0	419,119	221,038	611,129	1,433,238	0	1,433,238
10.4 Other general and administrative expenses	76,623	1,943,306	4,698,201	0	0	0	0	0	0	12,970,568	10,619,530	18,004,029	48,312,257	0	48,312,257
10.4a Community Benefit Expenditures (informational only)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
10.5 Total general and administrative (Lines 10.1 +10.2 + 10.3 + 10.4)	101,695	3,099,591	9,824,088	0	0	0	0	0	0	15,798,633	15,971,340	23,026,124	67,821,471	0	67,821,471
11. Underwriting Gain/(Loss) (Lines 1.12 - 5.7 - 6.6 - 8.3 - 10.5)	(227,975)	5,330,032	10,268,503	0	0	0	0	0	0	(2,869,825)	4,361,830	12,164,068	29,026,633	XXX	28,900,801
12. Income from fees of uninsured plans	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	631,519	631,519
13. Net investment and other gain/(loss)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	18,532,381	XXX	18,532,381
14. Federal income taxes (excluding taxes on Line 1.5 above)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	(1,869,899)	XXX	(1,869,899)
15. Net gain or (loss) (Lines 11 + 12 + 13 - 14)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	49,428,912	XXX	49,934,600
16. ICD-10 Implementation Expenses (informational only; already included in general expenses and line 10.4)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
16. 16a ICD-10 Implementation Expenses (informational only; already included in line 10.4)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
OTHER INDICATORS:															
1. Number of certificates/policies	91	4,611	13,930	0	0	0	0	0	0	1,856	131,133	94,843	246,464	0	246,464
2. Number of Covered Lives	154	8,901	27,761	0	0	0	0	0	0	1,856	213,634	94,843	347,149	0	347,149
3. Number of Groups	XXX	947	189	XXX	0	0	0	0	0	1	850	1	1,988	0	1,988
4. Member Months	1,948	93,574	311,180	0	0	0	0	0	0	22,167	2,425,354	1,146,481	4,000,704	0	4,000,704

Is run off business reported in Columns 1 through 9 or 12? Yes [ ] No [ ] If yes, show the amount of premiums and claims included. Premiums $ 0 Claims $ 0

216-2.MA

AFFORDABLE CARE ACT (ACA) RECEIPTS, PAYMENTS, RECEIVABLES and PAYABLES

	Current Year Comprehensive Health Coverage		Prior Year Comprehensive Health Coverage	
	1 Individual Plans	2 Small Group Employer Plans	3 Individual Plans	4 Small Group Employer Plans
ACA Receivables and Payables				
1. Permanent ACA Risk Adjustment Program 1.0 Premium adjustments receivable/(payable)	(85,031)	(4,326,312)	(99,737)	(2,376,045)
2. Transitional ACA Reinsurance Program 2.0 Total amounts recoverable for claims (paid & unpaid)	1,378	XXX	47,978	XXX
3. Temporary ACA Risk Corridors Program 3.1 Accrued retrospective premium	0	0	0	0
3.2 Reserve for rate credits or policy experience refunds	0	0	0	0
ACA Receipts and Payments				
4. Permanent ACA Risk Adjustment Program 4.0 Premium adjustments receipts/(payments)	225,063	(1,340,142)	0	(2,000,204)
5. Transitional ACA Reinsurance Program 5.0 Amounts received for claims	46,600	XXX	259,472	XXX
6. Temporary ACA Risk Corridors Program 6.1 Retrospective premium received	0	0	0	0
6.2 Rate credits or policy experience refunds paid	0	0	0	0

SUPPLEMENT FOR THE YEAR 2018 OF THE UnitedHealthcare Insurance Company

SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 2

(To Be Filed by April 1 - Not for Rebate Purposes)

REPORT FOR: 1. CORPORATION UnitedHealthcare Insurance Company 2. 185 Asylum Street Hartford, CT 061033408 (LOCATION)

NAIC Group Code 0707 BUSINESS IN THE STATE OF Massachusetts DURING THE YEAR 2018 NAIC Company Code 79413

	Business Subject to MLR												
	Comprehensive Health Coverage			Mini-Med Plans			Expatriate Plans:		9	10	11	12	13
	1 Individual	2 Small Group Employer	3 Large Group Employer	4 Individual	5 Small Group Employer	6 Large Group Employer	7 Small Group	8 Large Group	Student Health Plans	Government Business (excluded by statute)	Other Health Business	Medicare Advantage Part C and Medicare Part D Stand-Alone Subject to ACA	Total (a)
1. Health Premiums Earned:													
1.1 Direct premiums written	1,457,821	45,761,056	156,967,297	0	0	0	0	0	0	410,827,064	123,892,347	492,409,272	1,231,314,857
1.2 Unearned premium prior year	0	25,513	0	0	0	0	0	0	0	0	36,070	0	61,583
1.3 Unearned premium current year	0	9,535	0	0	0	0	0	0	0	0	68,564	0	78,099
1.4 Change in unearned premium (Lines 1.2 - 1.3)	0	15,979	0	0	0	0	0	0	0	0	(32,494)	0	(16,515)
1.5 Paid rate credits	0	0	81,307	0	0	0	0	0	0	0	56,586	25,443,921	25,581,814
1.6 Reserve for rate credits current year	0	299,791	0	0	0	0	0	0	0	0	910,989	9,118,954	10,329,734
1.7 Reserve for rate credits prior year	0	0	6,172	0	0	0	0	0	0	0	936,234	23,319,126	24,261,532
1.8 Change in reserve for rate credits (Lines 1.6 - 1.7)	0	299,791	(6,172)	0	0	0	0	0	0	0	(25,245)	(14,200,172)	(13,931,799)
1.9 Premium balances written off	27,624	14,421	25	0	0	0	0	0	0	0	918	962,205	1,005,193
1.10 Group conversion charge	0	0	0	0	0	0	0	0	0	0	0	0	0
1.11 Total direct premiums earned (Lines 1.1 + 1.4 - 1.9 + 1.10)	1,430,197	45,762,614	156,967,272	0	0	0	0	0	0	410,827,064	123,858,935	491,447,067	1,230,293,148
1.12 Assumed premiums earned from non-affiliates	0	0	85,764,733	0	0	0	0	0	0	0	1,081,683	0	86,846,415
1.13 Net Assumed less Ceded premiums earned from affiliates	0	0	0	0	0	0	0	0	0	0	0	175,753	175,753
1.14 Ceded premiums earned to non-affiliates	0	0	86,421,605	0	0	0	0	0	0	0	492,846	0	86,914,451
1.15 Other Adjustments due to MLR calculation - Premiums	27,624	14,421	25	0	0	0	0	0	0	0	918	962,205	1,005,193
1.16 Net premiums earned (Lines 1.11 - 1.5 - 1.8 + 1.12 + 1.13 - 1.14 + 1.15)	1,457,821	45,477,244	156,235,291	0	0	0	0	0	0	410,827,064	124,417,349	481,341,276	1,219,756,045
2. Direct Claims Incurred:													
2.1 Paid claims during the year	1,567,970	33,408,999	120,411,797	0	0	0	0	0	0	371,137,323	96,418,728	400,422,306	1,023,367,123
2.2 Direct claim liability current year	(392)	4,028,972	13,827,674	0	0	0	0	0	0	4,008,971	13,186,082	54,141,957	89,193,264
2.3 Direct claim liability prior year	2,346	5,055,179	17,405,830	0	0	0	0	0	0	4,797,031	12,560,285	57,548,700	97,369,370
2.4 Direct claim reserves current year	0	69,884	333,897	0	0	0	0	0	0	2,007	8,770,787	37,496	9,214,071
2.5 Direct claim reserves prior year	0	115,659	346,937	0	0	0	0	0	0	2,051	8,494,324	35,380	8,994,350
2.6 Direct contract reserves current year	0	0	0	0	0	0	0	0	0	0	75,489	0	75,489
2.7 Direct contract reserves prior year	0	0	0	0	0	0	0	0	0	0	123,099	5	123,104
2.8 Paid rate credits	0	0	81,307	0	0	0	0	0	0	0	56,586	25,443,921	25,581,814
2.9 Reserve for rate credits current year	0	299,791	0	0	0	0	0	0	0	0	910,989	9,118,954	10,329,734
2.10 Reserve for rate credits prior year	0	0	6,172	0	0	0	0	0	0	0	936,234	23,319,126	24,261,532
2.11 Incurred medical incentive pools and bonuses (Lines 2.11a + 2.11b - 2.11c)	0	86,892	84,268	0	0	0	0	0	0	(3,104)	0	2,325,618	2,493,674
2.11a Paid medical incentive pools and bonuses current year	0	36,619	38,129	0	0	0	0	0	0	(3,104)	0	1,812,892	1,884,536
2.11b Accrued medical incentive pools and bonuses current year	0	77,967	91,750	0	0	0	0	0	0	0	0	1,453,928	1,623,645
2.11c Accrued medical incentive pools and bonuses prior year	0	27,694	45,611	0	0	0	0	0	0	0	0	941,202	1,014,508
2.12 Net healthcare receivables (Lines 2.12a - 2.12b)	(1,486)	130,069	61,546	0	0	0	0	0	0	338,672	4,184	(5,967,212)	(5,434,229)
2.12a Healthcare receivables current year	0	1,144,068	2,981,609	0	0	0	0	0	0	1,164,713	6,141	36,596,815	41,893,346
2.12b Healthcare receivables prior year	1,486	1,013,999	2,920,063	0	0	0	0	0	0	826,042	1,957	42,564,027	47,327,575
2.13 Group conversion charge	0	0	0	0	0	0	0	0	0	0	0	0	0
2.14 Multi-option coverage blended rate adjustment	0	0	0	0	0	0	0	0	0	0	0	0	0
2.15 Total incurred claims (Lines 2.1 + 2.2 - 2.3 + 2.4 - 2.5 + 2.6 - 2.7 + 2.8 + 2.9 - 2.10 + 2.11 - 2.12 + 2.13 + 2.14)	1,566,719	32,593,630	116,918,459	0	0	0	0	0	0	370,007,443	97,300,534	416,554,255	1,034,941,040
2.16 Assumed incurred claims from non-affiliates	0	0	74,229,851	0	0	0	0	0	0	0	413,325	0	74,643,177
2.17 Net assumed less ceded incurred claims from affiliates	(7)	0	0	0	0	0	0	0	0	0	0	0	(7)
2.18 Ceded incurred claims to non-affiliates	0	0	68,881,731	0	0	0	0	0	0	0	178,940	0	69,060,671
2.19 Other adjustments due to MLR calculation - Claims	0	0	0	0	0	0	0	0	0	0	0	0	0
2.20 Net Incurred Claims (Lines 2.15 - 2.8 - 2.9 + 2.10 + 2.16 + 2.17 - 2.18 + 2.19)	1,566,712	32,293,839	122,191,444	0	0	0	0	0	0	370,007,443	97,503,579	405,310,506	1,028,873,523
3. Fraud and Abuse Recoveries that Reduced PAID Claims in Line 2.1 above (informational only)	1	1,783	25,703	0	0	0	0	0	0	2,211	0	32,303	62,000

(a) Column 13, Line 1.1 includes direct written premium of $ 7,247,340 for stand-alone dental and $ 6,192,975 for stand-alone vision policies.

SUPPLEMENT FOR THE YEAR 2018 OF THE UnitedHealthcare Insurance Company

SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 3

(To Be Filed by April 1 - Not for Rebate Purposes)

REPORT FOR: 1. CORPORATION UnitedHealthcare Insurance Company 2. 185 Asylum Street Hartford, CT 061033408 (LOCATION)

NAIC Group Code 0707 BUSINESS IN THE STATE OF Massachusetts DURING THE YEAR 2018 NAIC Company Code 79413

	All Expenses	Improving Health Care Quality Expenses						Claims Adjustment Expenses		9	10
		1 Improve Health Outcomes	2 Activities to Prevent Hospital Readmissions	3 Improve Patient Safety and Reduce Medical Errors	4 Wellness & Health Promotion Activities	5 HIT Expenses	6 Total (1 to 5)	7 Cost Containment Expenses	8 Other Claims Adjustment Expenses	General Administrative Expenses	Total Expenses (6 to 9)
1.	Individual Comprehensive Coverage Expenses:										
	1.1 Salaries (including $ 25,224 for affiliated services)	0	0	0	0	0	0	2,751	4,286	18,187	25,224
	1.2 Outsourced Services	0	0	0	0	0	0	308	491	1,700	2,499
	1.3 EDP Equipment and Software (incl $ 1,826 for affiliated services)	0	0	0	0	0	0	230	358	1,238	1,826
	1.4 Other Equipment (excl. EDP) (incl $ 175 for affiliated services)	0	0	0	0	0	0	22	34	119	175
	1.5 Accreditation and Certification (incl $ 19 for affiliated services)	0	XXX	XXX	XXX	XXX	0	2	4	13	19
	1.6 Other Expenses (incl $ 56,488 for affiliated services)	11,442	0	0	0	0	11,442	6,152	9,586	81,941	109,121
	1.7 Subtotal before Reimbursements and Taxes (Lines 1.1 to 1.6)	11,442	0	0	0	0	11,442	9,465	14,759	103,198	138,864
	1.8 Reimbursements by uninsured plans and fiscal intermediaries	0	0	0	0	0	0	0	0	0	0
	1.9 Taxes, Licenses and Fees (in total, for tying purposes)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	18,999	18,999
	1.10 Total (1.7 to 1.9)	11,442	0	0	0	0	11,442	9,465	14,759	122,197	157,863
	1.11 Total Fraud and Abuse Detection/Recovery Expenses included in Column 7 (informational only)	0	0	0	0	0	0	2,801	0	0	2,801
2.	Small Group Comprehensive Coverage Expenses:										
	2.1 Salaries (including $ 1,029,629 for affiliated services)	0	0	0	0	0	0	131,115	198,874	699,640	1,029,629
	2.2 Outsourced Services	0	0	0	0	0	0	71,685	22,791	88,366	182,842
	2.3 EDP Equipment and Software (incl $ 72,518 for affiliated services)	0	0	0	0	0	0	10,949	16,607	44,962	72,518
	2.4 Other Equipment (excl. EDP) (incl $ 6,961 for affiliated services)	0	0	0	0	0	0	1,051	1,594	4,316	6,961
	2.5 Accreditation and Certification (incl $ 756 for affiliated services)	0	XXX	XXX	XXX	XXX	0	114	173	469	756
	2.6 Other Expenses (incl $ 2,323,557 for affiliated services)	366,101	0	0	0	0	366,101	302,303	444,795	2,222,724	3,335,923
	2.7 Subtotal before Reimbursements and Taxes (Lines 2.1 to 2.6)	366,101	0	0	0	0	366,101	517,217	684,834	3,060,477	4,628,629
	2.8 Reimbursements by uninsured plans and fiscal intermediaries	0	0	0	0	0	0	0	0	0	0
	2.9 Taxes, Licenses and Fees (in total, for tying purposes)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	944,743	944,743
	2.10 Total (2.7 to 2.9)	366,101	0	0	0	0	366,101	517,217	684,834	4,005,220	5,573,372
	2.11 Total Fraud and Abuse Detection/Recovery Expenses included in Column 7 (informational only)	0	0	0	0	0	0	134,594	0	0	134,594
3.	Large Group Comprehensive Coverage Expenses:										
	3.1 Salaries (including $ 2,887,874 for affiliated services)	0	0	0	0	0	0	398,611	491,152	1,998,111	2,887,874
	3.2 Outsourced Services	0	0	0	0	0	0	235,228	56,287	259,822	551,337
	3.3 EDP Equipment and Software (incl $ 188,747 for affiliated services)	0	0	0	0	0	0	33,286	41,013	114,447	188,747
	3.4 Other Equipment (excl. EDP) (incl $ 18,117 for affiliated services)	0	0	0	0	0	0	3,195	3,937	10,986	18,117
	3.5 Accreditation and Certification (incl $ 1,967 for affiliated services)	0	XXX	XXX	XXX	XXX	0	347	427	1,193	1,967
	3.6 Other Expenses (incl $ 6,328,465 for affiliated services)	1,255,738	0	0	0	0	1,255,738	917,364	1,098,494	7,240,727	10,512,323
	3.7 Subtotal before Reimbursements and Taxes (Lines 3.1 to 3.6)	1,255,738	0	0	0	0	1,255,738	1,588,032	1,691,310	9,625,285	14,160,365
	3.8 Reimbursements by uninsured plans and fiscal intermediaries	0	0	0	0	0	0	0	0	0	0
	3.9 Taxes, Licenses and Fees (in total, for tying purposes)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	3,144,565	3,144,565
	3.10 Total (3.7 to 3.9)	1,255,738	0	0	0	0	1,255,738	1,588,032	1,691,310	12,769,850	17,304,930
	3.11 Total Fraud and Abuse Detection/Recovery Expenses included in Column 7 (informational only)	0	0	0	0	0	0	441,401	0	0	441,401

SUPPLEMENT FOR THE YEAR 2018 OF THE UnitedHealthcare Insurance Company

SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 3 (Continued)

	All Expenses	Improving Health Care Quality Expenses						Claims Adjustment Expenses		9	10
		1 Improve Health Outcomes	2 Activities to Prevent Hospital Readmissions	3 Improve Patient Safety and Reduce Medical Errors	4 Wellness & Health Promotion Activities	5 HIT Expenses	6 Total (1 to 5)	7 Cost Containment Expenses	8 Other Claims Adjustment Expenses	General Administrative Expenses	Total Expenses (6 to 9)
4.	Individual Mini-Med Plans Expenses:										
	4.1 Salaries (including $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	4.2 Outsourced Services	0	0	0	0	0	0	0	0	0	0
	4.3 EDP Equipment and Software (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	4.4 Other Equipment (excl. EDP) (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	4.5 Accreditation and Certification (incl $ 0 for affiliated services)	0	XXX	XXX	XXX	XXX	0	0	0	0	0
	4.6 Other Expenses (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	4.7 Subtotal before Reimbursements and Taxes (Lines 4.1 to 4.6)	0	0	0	0	0	0	0	0	0	0
	4.8 Reimbursements by uninsured plans and fiscal intermediaries	0	0	0	0	0	0	0	0	0	0
	4.9 Taxes, Licenses and Fees (in total, for tying purposes)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0
	4.10 Total (4.7 to 4.9)	0	0	0	0	0	0	0	0	0	0
	4.11 Total Fraud and Abuse Detection/Recovery Expenses included in Column 7 (informational only)	0	0	0	0	0	0	0	0	0	0
5.	Small Group Mini-Med Plans Expenses:										
	5.1 Salaries (including $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	5.2 Outsourced Services	0	0	0	0	0	0	0	0	0	0
	5.3 EDP Equipment and Software (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	5.4 Other Equipment (excl. EDP) (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	5.5 Accreditation and Certification (incl $ 0 for affiliated services)	0	XXX	XXX	XXX	XXX	0	0	0	0	0
	5.6 Other Expenses (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	5.7 Subtotal before Reimbursements and Taxes (Lines 5.1 to 5.6)	0	0	0	0	0	0	0	0	0	0
	5.8 Reimbursements by uninsured plans and fiscal intermediaries	0	0	0	0	0	0	0	0	0	0
	5.9 Taxes, Licenses and Fees (in total, for tying purposes)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0
	5.10 Total (5.7 to 5.9)	0	0	0	0	0	0	0	0	0	0
	5.11 Total Fraud and Abuse Detection/Recovery Expenses included in Column 7 (informational only)	0	0	0	0	0	0	0	0	0	0
6.	Large Group Mini-Med Plans Expenses:										
	6.1 Salaries (including $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	6.2 Outsourced Services	0	0	0	0	0	0	0	0	0	0
	6.3 EDP Equipment and Software (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	6.4 Other Equipment (excl. EDP) (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	6.5 Accreditation and Certification (incl $ 0 for affiliated services)	0	XXX	XXX	XXX	XXX	0	0	0	0	0
	6.6 Other Expenses (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	6.7 Subtotal before Reimbursements and Taxes (Lines 6.1 to 6.6)	0	0	0	0	0	0	0	0	0	0
	6.8 Reimbursements by uninsured plans and fiscal intermediaries	0	0	0	0	0	0	0	0	0	0
	6.9 Taxes, Licenses and Fees (in total, for tying purposes)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0
	6.10 Total (6.7 to 6.9)	0	0	0	0	0	0	0	0	0	0
	6.11 Total Fraud and Abuse Detection/Recovery Expenses included in Column 7 (informational only)	0	0	0	0	0	0	0	0	0	0

SUPPLEMENT FOR THE YEAR 2018 OF THE UnitedHealthcare Insurance Company

SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 3 (Continued)

	All Expenses	Improving Health Care Quality Expenses						Claims Adjustment Expenses		9	10
		1 Improve Health Outcomes	2 Activities to Prevent Hospital Readmissions	3 Improve Patient Safety and Reduce Medical Errors	4 Wellness & Health Promotion Activities	5 HIT Expenses	6 Total (1 to 5)	7 Cost Containment Expenses	8 Other Claims Adjustment Expenses	General Administrative Expenses	Total Expenses (6 to 9)
7.	Small Group Expatriate Plans Expenses:										
	7.1 Salaries (including $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	7.2 Outsourced Services	0	0	0	0	0	0	0	0	0	0
	7.3 EDP Equipment and Software (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	7.4 Other Equipment (excl. EDP) (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	7.5 Accreditation and Certification (incl $ 0 for affiliated services)	0	XXX	XXX	XXX	XXX	0	0	0	0	0
	7.6 Other Expenses (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	7.7 Subtotal before Reimbursements and Taxes (Lines 7.1 to 7.6)	0	0	0	0	0	0	0	0	0	0
	7.8 Reimbursements by uninsured plans and fiscal intermediaries	0	0	0	0	0	0	0	0	0	0
	7.9 Taxes, Licenses and Fees (in total, for tying purposes)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0
	7.10 Total (7.7 to 7.9)	0	0	0	0	0	0	0	0	0	0
	7.11 Total Fraud and Abuse Detection/Recovery Expenses included in Column 7 (informational only)	0	0	0	0	0	0	0	0	0	0
8.	Large Group Expatriate Plans Expenses:										
	8.1 Salaries (including $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	8.2 Outsourced Services	0	0	0	0	0	0	0	0	0	0
	8.3 EDP Equipment and Software (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	8.4 Other Equipment (excl. EDP) (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	8.5 Accreditation and Certification (incl $ 0 for affiliated services)	0	XXX	XXX	XXX	XXX	0	0	0	0	0
	8.6 Other Expenses (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	8.7 Subtotal before Reimbursements and Taxes (Lines 8.1 to 8.6)	0	0	0	0	0	0	0	0	0	0
	8.8 Reimbursements by uninsured plans and fiscal intermediaries	0	0	0	0	0	0	0	0	0	0
	8.9 Taxes, Licenses and Fees (in total, for tying purposes)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0
	8.10 Total (8.7 to 8.9)	0	0	0	0	0	0	0	0	0	0
	8.11 Total Fraud and Abuse Detection/Recovery Expenses included in Column 7 (informational only)	0	0	0	0	0	0	0	0	0	0
9.	Student Health Plans Expenses:										
	9.1 Salaries (including $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	9.2 Outsourced Services	0	0	0	0	0	0	0	0	0	0
	9.3 EDP Equipment and Software (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	9.4 Other Equipment (excl. EDP) (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	9.5 Accreditation and Certification (incl $ 0 for affiliated services)	0	XXX	XXX	XXX	XXX	0	0	0	0	0
	9.6 Other Expenses (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	9.7 Subtotal before Reimbursements and Taxes (Lines 9.1 to 9.6)	0	0	0	0	0	0	0	0	0	0
	9.8 Reimbursements by uninsured plans and fiscal intermediaries	0	0	0	0	0	0	0	0	0	0
	9.9 Taxes, Licenses and Fees (in total, for tying purposes)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0
	9.10 Total (9.7 to 9.9)	0	0	0	0	0	0	0	0	0	0
	9.11 Total Fraud and Abuse Detection/Recovery Expenses included in Column 7 (informational only)	0	0	0	0	0	0	0	0	0	0

SUPPLEMENT FOR THE YEAR 2018 OF THE UnitedHealthcare Insurance Company

SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 1

(To Be Filed by April 1 - Not for Rebate Purposes - See Cautionary Statement at http://www.naic.org/documents/committees_e_app_blanks_related_shce_cautionary_statement.pdf)

REPORT FOR: 1. CORPORATION UnitedHealthcare Insurance Company 2. 185 Asylum Street Hartford, CT 061033408 (LOCATION)

NAIC Group Code 0707 BUSINESS IN THE STATE OF Michigan DURING THE YEAR 2018 NAIC Company Code 79413

	Business Subject to MLR									10	11	12	13	14	15
	Comprehensive Health Coverage			Mini-Med Plans			Expatriate Plans		9						
	1 Individual	2 Small Group Employer	3 Large Group Employer	4 Individual	5 Small Group Employer	6 Large Group Employer	7 Small Group	8 Large Group	Student Health Plans	Government Business (excluded by statute)	Other Health Business	Medicare Advantage Part C and Medicare Part D Stand-Alone Subject to ACA	Subtotal (Cols. 1 through 12)	Uninsured Plans	Total 13 + 14
1. Premium:															
1.1 Health premiums earned (From Part 2, Line 1.11)	573,181	149,593,627	266,084,899	0	0	0	0	0	0	0	294,280,223	104,123,897	814,655,826	XXX	814,655,826
1.2 Federal high risk pools	0	0	0	0	0	0	0	0	0	0	0	0	0	XXX	0
1.3 State high risk pools	(41)	(5,772)	(27,311)	0	0	0	0	0	0	0	147,884	0	114,760	XXX	114,760
1.4 Premiums earned including state and federal high risk programs (Lines 1.1 + 1.2 + 1.3)	573,140	149,587,855	266,057,588	0	0	0	0	0	0	0	294,428,107	104,123,897	814,770,586	XXX	814,770,586
1.5 Federal taxes and federal assessments	(56,684)	8,344,090	7,838,370	0	0	0	0	0	0	(837,115)	2,747,504	4,477,277	22,513,444	0	22,513,444
1.6 State insurance, premium and other taxes (Similar local taxes of $ 97,894)	15,931	2,376,339	4,197,351	0	0	0	0	0	0	0	4,781,026	13,220	11,383,867	0	11,383,867
1.6a Community Benefit Expenditures (informational only)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
1.7 Regulatory authority licenses and fees	338	46,925	37,031	0	0	0	0	0	0	0	(52,147)	0	32,146	0	32,146
1.8 Adjusted Premiums Earned (Lines 1.4 - 1.5 - 1.6 - 1.7)	613,555	138,820,501	253,984,836	0	0	0	0	0	0	837,115	286,951,724	99,633,399	780,841,129	XXX	780,841,129
1.9 Net Assumed less Ceded reinsurance premiums earned	0	955	(31,796,535)	0	0	0	0	0	0	4,455,177	(474,565)	0	(27,814,969)	XXX	(27,814,969)
1.10 Other Adjustments due to MLR calculations - Premiums	0	12,857	1,126,679	0	0	0	0	0	0	0	(240,375)	1,402,151	2,301,313	XXX	2,301,313
1.11 Risk Revenue	0	0	0	0	0	0	0	0	0	0	0	0	0	XXX	0
1.12 Net adjusted premiums earned after reinsurance (Lines 1.8 + 1.9 + 1.10 + 1.11)	613,555	138,834,312	223,314,980	0	0	0	0	0	0	5,292,291	286,236,784	101,035,550	755,327,473	XXX	755,327,473
2. Claims:															
2.1 Incurred claims excluding prescription drugs	755,941	94,270,397	192,154,183	0	0	0	0	0	0	(44)	227,569,777	2,287,625	517,037,878	XXX	517,037,878
2.2 Prescription drugs	100,167	20,056,122	43,196,514	0	0	0	0	0	0	0	219,873	163,668,567	227,241,242	XXX	227,241,242
2.3 Pharmaceutical rebates	37,343	7,409,013	14,742,111	0	0	0	0	0	0	0	49,478	90,922,875	113,160,819	XXX	113,160,819
2.4 State stop loss, market stabilization and claim/census based assessments (informational only)	1	804,784	1,346,612	0	0	0	0	0	0	0	1,326,692	0	3,478,090	XXX	3,478,090
3. Incurred medical incentive pools and bonuses	0	53,466	81,625	0	0	0	0	0	0	0	0	0	135,091	XXX	135,091
4. Deductible Fraud and Abuse Detection/Recovery Expenses (for MLR use only)	0	2,206	64,614	0	0	0	0	0	0	0	0	97	66,918	0	66,918
5. 5.0 Total Incurred Claims (Lines 2.1 + 2.2 - 2.3 + 3) (From Part 2, Line 2.15)	818,765	106,970,972	220,690,211	0	0	0	0	0	0	(44)	227,740,171	75,033,317	631,253,393	XXX	631,253,393
5.1 Net Assumed less Ceded reinsurance claims incurred	0	83,136	(26,652,312)	0	0	0	0	0	0	8,656,675	(486,408)	0	(18,398,908)	XXX	(18,398,908)
5.2 Other Adjustments due to MLR calculations - Claims	0	(6,133,709)	0	0	0	0	0	0	0	0	0	0	(6,133,709)	XXX	(6,133,709)
5.3 Rebates paid	0	5,885,306	0	0	0	0	0	0	0	XXX	XXX	0	5,885,306	XXX	5,885,306
5.4 Estimated rebates unpaid prior year	0	5,790,251	0	0	0	0	0	0	0	XXX	XXX	0	5,790,251	XXX	5,790,251
5.5 Estimated rebates unpaid current year	0	6,038,848	(194)	0	0	0	0	0	0	XXX	XXX	0	6,038,653	XXX	6,038,653
5.6 Fee for service and co-pay revenue	0	0	0	0	0	0	0	0	0	0	0	0	0	XXX	0
5.7 Net incurred claims after reinsurance (Lines 5.0 + 5.1 + 5.2 + 5.3 - 5.4 + 5.5 - 5.6)	818,765	107,054,302	194,037,705	0	0	0	0	0	0	8,656,631	227,253,763	75,033,317	612,854,484	XXX	612,854,484
6. Improving Health Care Quality Expenses Incurred:															
6.1 Improve health outcomes	4,585	1,196,749	2,128,679	0	0	0	0	0	0	0	753,979	157,267	4,241,260	0	4,241,260
6.2 Activities to prevent hospital readmissions	0	0	0	0	0	0	0	0	0	0	339,210	42,492	381,702	0	381,702
6.3 Improve patient safety and reduce medical errors	0	0	0	0	0	0	0	0	0	0	259,638	336,591	596,228	0	596,228
6.4 Wellness and health promotion activities	0	0	0	0	0	0	0	0	0	0	2,229,001	(81,620)	2,147,380	0	2,147,380
6.5 Health Information Technology expenses related to health improvement	0	0	0	0	0	0	0	0	0	0	164,718	315,214	479,932	0	479,932
6.6 Total of Defined Expenses Incurred for Improving Health Care Quality (Lines 6.1+6.2+6.3+6.4+6.5)	4,585	1,196,749	2,128,679	0	0	0	0	0	0	0	3,746,545	769,943	7,846,502	0	7,846,502
7. Preliminary Medical Loss Ratio: MLR ((Lines 4 + 5.0 + 6.6 - Footnote 2.0)/Line 1.8	1.342	0.779	0.878	0.000	0.000	0.000	0.000	0.000	0.000	XXX	XXX	0.761	XXX	XXX	XXX
8. Claims Adjustment Expenses:															
8.1 Cost containment expenses not included in quality of care expenses in Line 6.6	13,342	1,994,987	3,321,813	0	0	0	0	0	0	0	506,797	2,560,909	8,397,848	0	8,397,848
8.2 All other claims adjustment expenses	29,977	2,768,447	4,471,000	0	0	0	0	0	0	0	4,928,836	7,056,319	19,254,580	0	19,254,580
8.3 Total claims adjustment expenses (Lines 8.1 + 8.2)	43,319	4,763,434	7,792,813	0	0	0	0	0	0	0	5,435,633	9,617,229	27,652,428	0	27,652,428
9. Claims Adjustment Expense Ratio (Line 8.3/Line 1.8)	0.071	0.034	0.031	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.019	0.097	XXX	XXX	XXX

SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 1 (Continued)

	Business Subject to MLR									10	11	12	13	14	15
	Comprehensive Health Coverage			Mini-Med Plans			Expatriate Plans		9						
	1 Individual	2 Small Group Employer	3 Large Group Employer	4 Individual	5 Small Group Employer	6 Large Group Employer	7 Small Group	8 Large Group	Student Health Plans	Government Business (excluded by statute)	Other Health Business	Medicare Advantage Part C and Medicare Part D Stand-Alone Subject to ACA	Subtotal (Cols. 1 through 12)	Uninsured Plans	Total 13 + 14
10. General and Administrative (G&A) Expenses:															
10.1 Direct sales salaries and benefits	4,571	641,130	1,314,578	0	0	0	0	0	0	0	613,492	234,958	2,808,729	0	2,808,729
10.2 Agents and brokers fees and commissions	30,500	4,576,554	1,245,187	0	0	0	0	0	0	0	11,640,947	962,852	18,456,040	0	18,456,040
10.3 Other taxes (excluding taxes on Lines 1.5 through 1.7 and Line 14 below)	(1,766)	113,626	389,229	0	0	0	0	0	0	0	593,426	223,622	1,318,137	0	1,318,137
10.4 Other general and administrative expenses	62,302	8,363,113	10,544,517	0	0	0	0	0	0	0	28,910,267	7,782,745	55,662,943	0	55,662,943
10.4a Community Benefit Expenditures (informational only)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
10.5 Total general and administrative (Lines 10.1 +10.2 + 10.3 + 10.4)	95,607	13,694,423	13,493,511	0	0	0	0	0	0	0	41,758,132	9,204,176	78,245,848	0	78,245,848
11. Underwriting Gain/(Loss) (Lines 1.12 - 5.7 - 6.6 - 8.3 - 10.5)	(348,722)	12,125,404	5,862,272	0	0	0	0	0	0	(3,364,340)	8,042,711	6,410,885	28,728,210	XXX	28,728,210
12. Income from fees of uninsured plans	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0
13. Net investment and other gain/(loss)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	10,781,261	XXX	10,781,261
14. Federal income taxes (excluding taxes on Line 1.5 above)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	(622,296)	XXX	(622,296)
15. Net gain or (loss) (Lines 11 + 12 + 13 - 14)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	40,131,767	XXX	40,131,767
16. ICD-10 Implementation Expenses (informational only; already included in general expenses and line 10.4)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
16. 16a ICD-10 Implementation Expenses (informational only; already included in line 10.4)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
OTHER INDICATORS:															
1. Number of certificates/policies	105	15,461	28,867	0	0	0	0	0	0	0	250,134	102,214	396,781	0	396,781
2. Number of Covered Lives	219	29,709	54,780	0	0	0	0	0	0	0	375,829	102,214	562,751	0	562,751
3. Number of Groups	XXX	2,899	700	XXX	0	0	0	0	0	0	2,578	0	6,177	0	6,177
4. Member Months	2,558	358,875	652,630	0	0	0	0	0	0	0	4,577,389	1,247,927	6,839,379	0	6,839,379

Is run off business reported in Columns 1 through 9 or 12? Yes [ ] No [ ] If yes, show the amount of premiums and claims included. Premiums $ 0 Claims $ 0

216-2.MI

AFFORDABLE CARE ACT (ACA) RECEIPTS, PAYMENTS, RECEIVABLES and PAYABLES

	Current Year Comprehensive Health Coverage		Prior Year Comprehensive Health Coverage	
	1 Individual Plans	2 Small Group Employer Plans	3 Individual Plans	4 Small Group Employer Plans
ACA Receivables and Payables				
1. Permanent ACA Risk Adjustment Program 1.0 Premium adjustments receivable/(payable)	(368,893)	(3,446,426)	416,367	(972,847)
2. Transitional ACA Reinsurance Program 2.0 Total amounts recoverable for claims (paid & unpaid)	0	XXX	0	XXX
3. Temporary ACA Risk Corridors Program 3.1 Accrued retrospective premium	0	0	0	0
3.2 Reserve for rate credits or policy experience refunds	0	0	0	0
ACA Receipts and Payments				
4. Permanent ACA Risk Adjustment Program 4.0 Premium adjustments receipts/(payments)	272,103	356,654	(53,486)	(1,884,438)
5. Transitional ACA Reinsurance Program 5.0 Amounts received for claims	0	XXX	0	XXX
6. Temporary ACA Risk Corridors Program 6.1 Retrospective premium received	0	0	0	0
6.2 Rate credits or policy experience refunds paid	0	0	0	0

SUPPLEMENT FOR THE YEAR 2018 OF THE UnitedHealthcare Insurance Company

SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 2

(To Be Filed by April 1 - Not for Rebate Purposes)

REPORT FOR: 1. CORPORATION UnitedHealthcare Insurance Company 2. 185 Asylum Street Hartford, CT 061033408 (LOCATION)

NAIC Group Code 0707 BUSINESS IN THE STATE OF Michigan DURING THE YEAR 2018 NAIC Company Code 79413

	Business Subject to MLR									10	11	12	13
	Comprehensive Health Coverage			Mini-Med Plans			Expatriate Plans:		9				
	1	2	3	4	5	6	7	8					
	Individual	Small Group Employer	Large Group Employer	Individual	Small Group Employer	Large Group Employer	Small Group	Large Group	Student Health Plans	Government Business (excluded by statute)	Other Health Business	Medicare Advantage Part C and Medicare Part D Stand-Alone Subject to ACA	Total (a)
1. Health Premiums Earned:													
1.1 Direct premiums written	573,181	149,546,293	267,141,544	0	0	0	0	0	0	0	294,068,494	105,526,048	816,855,560
1.2 Unearned premium prior year	0	72,997	34	0	0	0	0	0	0	0	593,701	0	666,733
1.3 Unearned premium current year	0	12,806	(70,000)	0	0	0	0	0	0	0	622,347	0	565,153
1.4 Change in unearned premium (Lines 1.2 - 1.3)	0	60,191	70,034	0	0	0	0	0	0	0	(28,646)	0	101,579
1.5 Paid rate credits	129	5,885,112	65	0	0	0	0	0	0	0	(2,147,892)	5,830,852	9,568,266
1.6 Reserve for rate credits current year	0	6,038,848	(194)	0	0	0	0	0	0	0	257,318	2,160,183	8,456,155
1.7 Reserve for rate credits prior year	0	5,790,251	0	0	0	0	0	0	0	0	259,553	5,801,933	11,851,738
1.8 Change in reserve for rate credits (Lines 1.6 - 1.7)	0	248,597	(194)	0	0	0	0	0	0	0	(2,235)	(3,641,750)	(3,395,583)
1.9 Premium balances written off	0	12,857	1,126,679	0	0	0	0	0	0	0	(240,375)	1,402,151	2,301,313
1.10 Group conversion charge	0	0	0	0	0	0	0	0	0	0	0	0	0
1.11 Total direct premiums earned (Lines 1.1 + 1.4 - 1.9 + 1.10)	573,181	149,593,627	266,084,899	0	0	0	0	0	0	0	294,280,223	104,123,897	814,655,826
1.12 Assumed premiums earned from non-affiliates	0	0	0	0	0	0	0	0	0	0	0	0	0
1.13 Net Assumed less Ceded premiums earned from affiliates	0	955	(125)	0	0	0	0	0	0	4,455,177	0	0	4,456,006
1.14 Ceded premiums earned to non-affiliates	0	0	31,796,410	0	0	0	0	0	0	0	474,565	0	32,270,975
1.15 Other Adjustments due to MLR calculation - Premiums	0	12,857	1,126,679	0	0	0	0	0	0	0	(240,375)	1,402,151	2,301,313
1.16 Net premiums earned (Lines 1.11 - 1.5 - 1.8 + 1.12 + 1.13 - 1.14 + 1.15)	573,052	143,473,730	235,415,172	0	0	0	0	0	0	4,455,177	295,715,410	103,336,946	782,969,487
2. Direct Claims Incurred:													
2.1 Paid claims during the year	818,639	102,423,104	217,902,062	0	0	0	0	0	0	(42,522)	227,617,739	74,920,058	623,639,080
2.2 Direct claim liability current year	5	14,377,640	30,121,530	0	0	0	0	0	0	(3,515)	31,300,080	2,805,804	78,601,545
2.3 Direct claim liability prior year	7	16,379,265	27,097,006	0	0	0	0	0	0	(45,948)	30,305,176	6,761,981	80,497,487
2.4 Direct claim reserves current year	0	268,724	642,728	0	0	0	0	0	0	0	9,031,090	0	9,942,541
2.5 Direct claim reserves prior year	0	333,400	531,686	0	0	0	0	0	0	0	8,003,654	0	8,868,741
2.6 Direct contract reserves current year	0	0	0	0	0	0	0	0	0	0	411,724	0	411,724
2.7 Direct contract reserves prior year	0	0	0	0	0	0	0	0	0	0	146,347	0	146,347
2.8 Paid rate credits	129	5,885,112	65	0	0	0	0	0	0	0	(2,147,892)	5,830,852	9,568,266
2.9 Reserve for rate credits current year	0	6,038,848	(194)	0	0	0	0	0	0	0	257,318	2,160,183	8,456,155
2.10 Reserve for rate credits prior year	0	5,790,251	0	0	0	0	0	0	0	0	259,553	5,801,933	11,851,738
2.11 Incurred medical incentive pools and bonuses (Lines 2.11a + 2.11b - 2.11c)	0	53,466	81,625	0	0	0	0	0	0	0	0	0	135,091
2.11a Paid medical incentive pools and bonuses current year	0	19,043	49,401	0	0	0	0	0	0	0	0	0	68,444
2.11b Accrued medical incentive pools and bonuses current year	0	82,956	194,895	0	0	0	0	0	0	0	0	1,509,392	1,787,243
2.11c Accrued medical incentive pools and bonuses prior year	0	48,533	162,670	0	0	0	0	0	0	0	0	1,509,392	1,720,595
2.12 Net healthcare receivables (Lines 2.12a - 2.12b)	0	(426,995)	428,913	0	0	0	0	0	0	(44)	15,158	(1,880,334)	(1,863,302)
2.12a Healthcare receivables current year	0	3,091,113	5,865,959	0	0	0	0	0	0	0	15,152	30,971,078	39,943,302
2.12b Healthcare receivables prior year	0	3,518,107	5,437,046	0	0	0	0	0	0	44	(6)	32,851,413	41,806,605
2.13 Group conversion charge	0	0	0	0	0	0	0	0	0	0	0	0	0
2.14 Multi-option coverage blended rate adjustment	0	0	0	0	0	0	0	0	0	0	0	0	0
2.15 Total incurred claims (Lines 2.1 + 2.2 - 2.3 + 2.4 - 2.5 + 2.6 - 2.7 + 2.8 + 2.9 - 2.10 + 2.11 - 2.12 + 2.13 + 2.14)	818,765	106,970,972	220,690,211	0	0	0	0	0	0	(44)	227,740,171	75,033,317	631,253,393
2.16 Assumed incurred claims from non-affiliates	0	0	0	0	0	0	0	0	0	0	0	0	0
2.17 Net assumed less ceded incurred claims from affiliates	0	83,136	(190,161)	0	0	0	0	0	0	8,656,675	0	0	8,549,650
2.18 Ceded incurred claims to non-affiliates	0	0	26,462,151	0	0	0	0	0	0	0	486,408	0	26,948,558
2.19 Other adjustments due to MLR calculation - Claims	0	0	0	0	0	0	0	0	0	0	0	0	0
2.20 Net Incurred Claims (Lines 2.15 - 2.8 - 2.9 + 2.10 + 2.16 + 2.17 - 2.18 + 2.19)	818,636	100,920,399	194,038,028	0	0	0	0	0	0	8,656,631	229,403,891	72,844,216	606,681,801
3. Fraud and Abuse Recoveries that Reduced PAID Claims in Line 2.1 above (informational only)	0	2,206	64,614	0	0	0	0	0	0	0	0	239,115	305,935

(a) Column 13, Line 1.1 includes direct written premium of $ 11,481,828 for stand-alone dental and $ 18,722,429 for stand-alone vision policies.

SUPPLEMENT FOR THE YEAR 2018 OF THE UnitedHealthcare Insurance Company

SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 3

(To Be Filed by April 1 - Not for Rebate Purposes)

REPORT FOR: 1. CORPORATION UnitedHealthcare Insurance Company 2. 185 Asylum Street Hartford, CT 061033408 (LOCATION)

NAIC Group Code 0707 BUSINESS IN THE STATE OF Michigan DURING THE YEAR 2018 NAIC Company Code 79413

	All Expenses	Improving Health Care Quality Expenses						Claims Adjustment Expenses		9	10
		1 Improve Health Outcomes	2 Activities to Prevent Hospital Readmissions	3 Improve Patient Safety and Reduce Medical Errors	4 Wellness & Health Promotion Activities	5 HIT Expenses	6 Total (1 to 5)	7 Cost Containment Expenses	8 Other Claims Adjustment Expenses	General Administrative Expenses	Total Expenses (6 to 9)
1.	Individual Comprehensive Coverage Expenses:										
	1.1 Salaries (including $ 32,726 for affiliated services)	0	0	0	0	0	0	3,751	8,573	20,401	32,726
	1.2 Outsourced Services	0	0	0	0	0	0	430	983	1,833	3,245
	1.3 EDP Equipment and Software (incl $ 2,365 for affiliated services)	0	0	0	0	0	0	313	716	1,336	2,365
	1.4 Other Equipment (excl. EDP) (incl $ 227 for affiliated services)	0	0	0	0	0	0	30	69	128	227
	1.5 Accreditation and Certification (incl $ 25 for affiliated services)	0	XXX	XXX	XXX	XXX	0	3	7	14	25
	1.6 Other Expenses (incl $ 74,205 for affiliated services)	4,585	0	0	0	0	4,585	8,389	19,175	73,338	105,487
	1.7 Subtotal before Reimbursements and Taxes (Lines 1.1 to 1.6)	4,585	0	0	0	0	4,585	12,916	29,523	97,050	144,074
	1.8 Reimbursements by uninsured plans and fiscal intermediaries	0	0	0	0	0	0	0	0	0	0
	1.9 Taxes, Licenses and Fees (in total, for tying purposes)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	15,706	15,706
	1.10 Total (1.7 to 1.9)	4,585	0	0	0	0	4,585	12,916	29,523	112,756	159,780
	1.11 Total Fraud and Abuse Detection/Recovery Expenses included in Column 7 (informational only)	0	0	0	0	0	0	3,692	0	0	3,692
2.	Small Group Comprehensive Coverage Expenses:										
	2.1 Salaries (including $ 4,163,749 for affiliated services)	0	0	0	0	0	0	522,619	785,468	2,855,663	4,163,749
	2.2 Outsourced Services	0	0	0	0	0	0	160,572	90,016	316,642	567,230
	2.3 EDP Equipment and Software (incl $ 296,080 for affiliated services)	0	0	0	0	0	0	43,641	65,590	186,849	296,080
	2.4 Other Equipment (excl. EDP) (incl $ 28,420 for affiliated services)	0	0	0	0	0	0	4,189	6,296	17,935	28,420
	2.5 Accreditation and Certification (incl $ 3,086 for affiliated services)	0	XXX	XXX	XXX	XXX	0	455	684	1,947	3,086
	2.6 Other Expenses (incl $ 9,512,615 for affiliated services)	1,196,749	0	0	0	0	1,196,749	1,203,710	1,756,751	10,156,425	14,313,635
	2.7 Subtotal before Reimbursements and Taxes (Lines 2.1 to 2.6)	1,196,749	0	0	0	0	1,196,749	1,935,186	2,704,805	13,535,461	19,372,201
	2.8 Reimbursements by uninsured plans and fiscal intermediaries	0	0	0	0	0	0	0	0	0	0
	2.9 Taxes, Licenses and Fees (in total, for tying purposes)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	2,705,669	2,705,669
	2.10 Total (2.7 to 2.9)	1,196,749	0	0	0	0	1,196,749	1,935,186	2,704,805	16,241,131	22,077,870
	2.11 Total Fraud and Abuse Detection/Recovery Expenses included in Column 7 (informational only)	0	0	0	0	0	0	518,461	0	0	518,461
3.	Large Group Comprehensive Coverage Expenses:										
	3.1 Salaries (including $ 6,711,446 for affiliated services)	0	0	0	0	0	0	899,762	1,271,021	4,540,663	6,711,446
	3.2 Outsourced Services	0	0	0	0	0	0	168,800	145,662	418,279	732,741
	3.3 EDP Equipment and Software (incl $ 454,611 for affiliated services)	0	0	0	0	0	0	75,134	106,136	273,341	454,611
	3.4 Other Equipment (excl. EDP) (incl $ 43,637 for affiliated services)	0	0	0	0	0	0	7,212	10,188	26,237	43,637
	3.5 Accreditation and Certification (incl $ 4,738 for affiliated services)	0	XXX	XXX	XXX	XXX	0	783	1,106	2,849	4,738
	3.6 Other Expenses (incl $ 15,130,234 for affiliated services)	2,128,679	0	0	0	0	2,128,679	2,066,972	2,842,723	7,755,423	14,793,797
	3.7 Subtotal before Reimbursements and Taxes (Lines 3.1 to 3.6)	2,128,679	0	0	0	0	2,128,679	3,218,663	4,376,836	13,016,792	22,740,971
	3.8 Reimbursements by uninsured plans and fiscal intermediaries	0	0	0	0	0	0	0	0	0	0
	3.9 Taxes, Licenses and Fees (in total, for tying purposes)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	4,908,414	4,908,414
	3.10 Total (3.7 to 3.9)	2,128,679	0	0	0	0	2,128,679	3,218,663	4,376,836	17,925,207	27,649,385
	3.11 Total Fraud and Abuse Detection/Recovery Expenses included in Column 7 (informational only)	0	0	0	0	0	0	940,379	0	0	940,379

SUPPLEMENT FOR THE YEAR 2018 OF THE UnitedHealthcare Insurance Company

SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 3 (Continued)

	All Expenses	Improving Health Care Quality Expenses						Claims Adjustment Expenses		9	10
		1 Improve Health Outcomes	2 Activities to Prevent Hospital Readmissions	3 Improve Patient Safety and Reduce Medical Errors	4 Wellness & Health Promotion Activities	5 HIT Expenses	6 Total (1 to 5)	7 Cost Containment Expenses	8 Other Claims Adjustment Expenses	General Administrative Expenses	Total Expenses (6 to 9)
4.	Individual Mini-Med Plans Expenses:										
	4.1 Salaries (including $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	4.2 Outsourced Services	0	0	0	0	0	0	0	0	0	0
	4.3 EDP Equipment and Software (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	4.4 Other Equipment (excl. EDP) (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	4.5 Accreditation and Certification (incl $ 0 for affiliated services)	0	XXX	XXX	XXX	XXX	0	0	0	0	0
	4.6 Other Expenses (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	4.7 Subtotal before Reimbursements and Taxes (Lines 4.1 to 4.6)	0	0	0	0	0	0	0	0	0	0
	4.8 Reimbursements by uninsured plans and fiscal intermediaries	0	0	0	0	0	0	0	0	0	0
	4.9 Taxes, Licenses and Fees (in total, for tying purposes)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0
	4.10 Total (4.7 to 4.9)	0	0	0	0	0	0	0	0	0	0
	4.11 Total Fraud and Abuse Detection/Recovery Expenses included in Column 7 (informational only)	0	0	0	0	0	0	0	0	0	0
5.	Small Group Mini-Med Plans Expenses:										
	5.1 Salaries (including $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	5.2 Outsourced Services	0	0	0	0	0	0	0	0	0	0
	5.3 EDP Equipment and Software (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	5.4 Other Equipment (excl. EDP) (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	5.5 Accreditation and Certification (incl $ 0 for affiliated services)	0	XXX	XXX	XXX	XXX	0	0	0	0	0
	5.6 Other Expenses (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	5.7 Subtotal before Reimbursements and Taxes (Lines 5.1 to 5.6)	0	0	0	0	0	0	0	0	0	0
	5.8 Reimbursements by uninsured plans and fiscal intermediaries	0	0	0	0	0	0	0	0	0	0
	5.9 Taxes, Licenses and Fees (in total, for tying purposes)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0
	5.10 Total (5.7 to 5.9)	0	0	0	0	0	0	0	0	0	0
	5.11 Total Fraud and Abuse Detection/Recovery Expenses included in Column 7 (informational only)	0	0	0	0	0	0	0	0	0	0
6.	Large Group Mini-Med Plans Expenses:										
	6.1 Salaries (including $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	6.2 Outsourced Services	0	0	0	0	0	0	0	0	0	0
	6.3 EDP Equipment and Software (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	6.4 Other Equipment (excl. EDP) (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	6.5 Accreditation and Certification (incl $ 0 for affiliated services)	0	XXX	XXX	XXX	XXX	0	0	0	0	0
	6.6 Other Expenses (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	6.7 Subtotal before Reimbursements and Taxes (Lines 6.1 to 6.6)	0	0	0	0	0	0	0	0	0	0
	6.8 Reimbursements by uninsured plans and fiscal intermediaries	0	0	0	0	0	0	0	0	0	0
	6.9 Taxes, Licenses and Fees (in total, for tying purposes)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0
	6.10 Total (6.7 to 6.9)	0	0	0	0	0	0	0	0	0	0
	6.11 Total Fraud and Abuse Detection/Recovery Expenses included in Column 7 (informational only)	0	0	0	0	0	0	0	0	0	0

SUPPLEMENT FOR THE YEAR 2018 OF THE UnitedHealthcare Insurance Company

SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 3 (Continued)

	All Expenses	Improving Health Care Quality Expenses						Claims Adjustment Expenses		9	10
		1 Improve Health Outcomes	2 Activities to Prevent Hospital Readmissions	3 Improve Patient Safety and Reduce Medical Errors	4 Wellness & Health Promotion Activities	5 HIT Expenses	6 Total (1 to 5)	7 Cost Containment Expenses	8 Other Claims Adjustment Expenses	General Administrative Expenses	Total Expenses (6 to 9)
7.	Small Group Expatriate Plans Expenses:										
	7.1 Salaries (including $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	7.2 Outsourced Services	0	0	0	0	0	0	0	0	0	0
	7.3 EDP Equipment and Software (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	7.4 Other Equipment (excl. EDP) (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	7.5 Accreditation and Certification (incl $ 0 for affiliated services)	0	XXX	XXX	XXX	XXX	0	0	0	0	0
	7.6 Other Expenses (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	7.7 Subtotal before Reimbursements and Taxes (Lines 7.1 to 7.6)	0	0	0	0	0	0	0	0	0	0
	7.8 Reimbursements by uninsured plans and fiscal intermediaries	0	0	0	0	0	0	0	0	0	0
	7.9 Taxes, Licenses and Fees (in total, for tying purposes)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0
	7.10 Total (7.7 to 7.9)	0	0	0	0	0	0	0	0	0	0
	7.11 Total Fraud and Abuse Detection/Recovery Expenses included in Column 7 (informational only)	0	0	0	0	0	0	0	0	0	0
8.	Large Group Expatriate Plans Expenses:										
	8.1 Salaries (including $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	8.2 Outsourced Services	0	0	0	0	0	0	0	0	0	0
	8.3 EDP Equipment and Software (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	8.4 Other Equipment (excl. EDP) (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	8.5 Accreditation and Certification (incl $ 0 for affiliated services)	0	XXX	XXX	XXX	XXX	0	0	0	0	0
	8.6 Other Expenses (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	8.7 Subtotal before Reimbursements and Taxes (Lines 8.1 to 8.6)	0	0	0	0	0	0	0	0	0	0
	8.8 Reimbursements by uninsured plans and fiscal intermediaries	0	0	0	0	0	0	0	0	0	0
	8.9 Taxes, Licenses and Fees (in total, for tying purposes)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0
	8.10 Total (8.7 to 8.9)	0	0	0	0	0	0	0	0	0	0
	8.11 Total Fraud and Abuse Detection/Recovery Expenses included in Column 7 (informational only)	0	0	0	0	0	0	0	0	0	0
9.	Student Health Plans Expenses:										
	9.1 Salaries (including $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	9.2 Outsourced Services	0	0	0	0	0	0	0	0	0	0
	9.3 EDP Equipment and Software (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	9.4 Other Equipment (excl. EDP) (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	9.5 Accreditation and Certification (incl $ 0 for affiliated services)	0	XXX	XXX	XXX	XXX	0	0	0	0	0
	9.6 Other Expenses (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	9.7 Subtotal before Reimbursements and Taxes (Lines 9.1 to 9.6)	0	0	0	0	0	0	0	0	0	0
	9.8 Reimbursements by uninsured plans and fiscal intermediaries	0	0	0	0	0	0	0	0	0	0
	9.9 Taxes, Licenses and Fees (in total, for tying purposes)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0
	9.10 Total (9.7 to 9.9)	0	0	0	0	0	0	0	0	0	0
	9.11 Total Fraud and Abuse Detection/Recovery Expenses included in Column 7 (informational only)	0	0	0	0	0	0	0	0	0	0

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SUPPLEMENT FOR THE YEAR 2018 OF THE UnitedHealthcare Insurance Company

SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 1

(To Be Filed by April 1 - Not for Rebate Purposes - See Cautionary Statement at http://www.naic.org/documents/committees_e_app_blanks_related_shce_cautionary_statement.pdf)

REPORT FOR: 1. CORPORATION UnitedHealthcare Insurance Company 2. 185 Asylum Street Hartford, CT 061033408 (LOCATION)

NAIC Group Code 0707 BUSINESS IN THE STATE OF Minnesota DURING THE YEAR 2018 NAIC Company Code 79413

	Business Subject to MLR									10	11	12	13	14	15
	Comprehensive Health Coverage			Mini-Med Plans			Expatriate Plans		9						
	1 Individual	2 Small Group Employer	3 Large Group Employer	4 Individual	5 Small Group Employer	6 Large Group Employer	7 Small Group	8 Large Group	Student Health Plans	Government Business (excluded by statute)	Other Health Business	Medicare Advantage Part C and Medicare Part D Stand-Alone Subject to ACA	Subtotal (Cols. 1 through 12)	Uninsured Plans	Total 13 + 14
1. Premium:															
1.1 Health premiums earned (From Part 2, Line 1.11)	165,011	0	352,399	0	0	0	0	0	0	0	81,265,032	16,111,101	97,893,543	XXX	97,893,543
1.2 Federal high risk pools	0	0	0	0	0	0	0	0	0	0	0	0	0	XXX	0
1.3 State high risk pools	0	0	(1,934)	0	0	0	0	0	0	0	16,907	0	14,973	XXX	14,973
1.4 Premiums earned including state and federal high risk programs (Lines 1.1 + 1.2 + 1.3)	165,011	0	350,465	0	0	0	0	0	0	0	81,281,939	16,111,101	97,908,516	XXX	97,908,516
1.5 Federal taxes and federal assessments	(302,808)	8,035	(4,179,422)	0	0	0	0	0	0	(3)	2,468,797	(370,359)	(2,375,761)	0	(2,375,761)
1.6 State insurance, premium and other taxes (Similar local taxes of $ 27,329)	1,029,853	(34)	(112)	0	0	0	0	0	0	0	1,513,797	3,495	2,546,999	0	2,546,999
1.6a Community Benefit Expenditures (informational only)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
1.7 Regulatory authority licenses and fees	0	0	2,030	0	0	0	0	0	0	18	26,757	0	28,804	0	28,804
1.8 Adjusted Premiums Earned (Lines 1.4 - 1.5 - 1.6 - 1.7)	(562,033)	(8,001)	4,527,970	0	0	0	0	0	0	(14)	77,272,588	16,477,965	97,708,474	XXX	97,708,474
1.9 Net Assumed less Ceded reinsurance premiums earned	0	0	494,536	0	0	0	0	0	0	0	(51,119)	0	443,417	XXX	443,417
1.10 Other Adjustments due to MLR calculations - Premiums	0	0	0	0	0	0	0	0	0	0	24,058	267,820	291,878	XXX	291,878
1.11 Risk Revenue	0	0	0	0	0	0	0	0	0	0	0	0	0	XXX	0
1.12 Net adjusted premiums earned after reinsurance (Lines 1.8 + 1.9 + 1.10 + 1.11)	(562,033)	(8,001)	5,022,506	0	0	0	0	0	0	(14)	77,245,527	16,745,785	98,443,770	XXX	98,443,770
2. Claims:															
2.1 Incurred claims excluding prescription drugs	539,058	(94)	2,975,181	0	0	0	0	0	0	0	57,236,401	(238,013)	60,512,533	XXX	60,512,533
2.2 Prescription drugs	0	0	29,566	0	0	0	0	0	0	0	747,947	39,429,649	40,207,162	XXX	40,207,162
2.3 Pharmaceutical rebates	0	0	5,887	0	0	0	0	0	0	0	4,150	22,530,786	22,540,823	XXX	22,540,823
2.4 State stop loss, market stabilization and claim/census based assessments (informational only)	13	0	0	0	0	0	0	0	0	0	109	0	122	XXX	122
3. Incurred medical incentive pools and bonuses	0	0	489	0	0	0	0	0	0	0	0	0	489	XXX	489
4. Deductible Fraud and Abuse Detection/Recovery Expenses (for MLR use only)	0	0	0	0	0	0	0	0	0	0	0	18	18	0	18
5. 5.0 Total Incurred Claims (Lines 2.1 + 2.2 - 2.3 + 3) (From Part 2, Line 2.15)	539,058	(94)	2,999,349	0	0	0	0	0	0	0	57,980,198	16,660,849	78,179,361	XXX	78,179,361
5.1 Net Assumed less Ceded reinsurance claims incurred	0	0	(36,117)	0	0	0	0	0	0	0	76,519	0	40,401	XXX	40,401
5.2 Other Adjustments due to MLR calculations - Claims	0	0	(2,753,798)	0	0	0	0	0	0	0	0	0	(2,753,798)	XXX	(2,753,798)
5.3 Rebates paid	0	0	0	0	0	0	0	0	0	XXX	XXX	0	0	XXX	0
5.4 Estimated rebates unpaid prior year	0	0	0	0	0	0	0	0	0	XXX	XXX	0	0	XXX	0
5.5 Estimated rebates unpaid current year	0	0	2,753,798	0	0	0	0	0	0	XXX	XXX	0	2,753,798	XXX	2,753,798
5.6 Fee for service and co-pay revenue	0	0	0	0	0	0	0	0	0	0	0	0	0	XXX	0
5.7 Net incurred claims after reinsurance (Lines 5.0 + 5.1 + 5.2 + 5.3 - 5.4 + 5.5 - 5.6)	539,058	(94)	2,963,232	0	0	0	0	0	0	0	58,056,717	16,660,849	78,219,762	XXX	78,219,762
6. Improving Health Care Quality Expenses Incurred:															
6.1 Improve health outcomes	1,320	0	2,819	0	0	0	0	0	0	0	108,549	133,427	246,115	0	246,115
6.2 Activities to prevent hospital readmissions	0	0	0	0	0	0	0	0	0	0	47,423	9,667	57,089	0	57,089
6.3 Improve patient safety and reduce medical errors	0	0	0	0	0	0	0	0	0	0	36,019	5,457	41,475	0	41,475
6.4 Wellness and health promotion activities	0	0	0	0	0	0	0	0	0	0	297,032	(4,110)	292,921	0	292,921
6.5 Health Information Technology expenses related to health improvement	0	0	0	0	0	0	0	0	0	0	20,653	23,972	44,625	0	44,625
6.6 Total of Defined Expenses Incurred for Improving Health Care Quality (Lines 6.1+6.2+6.3+6.4+6.5)	1,320	0	2,819	0	0	0	0	0	0	0	509,674	168,412	682,226	0	682,226
7. Preliminary Medical Loss Ratio: MLR ((Lines 4 + 5.0 + 6.6 - Footnote 2.0)/Line 1.8	(0.961)	0.012	0.663	0.000	0.000	0.000	0.000	0.000	0.000	XXX	XXX	1.021	XXX	XXX	XXX
8. Claims Adjustment Expenses:															
8.1 Cost containment expenses not included in quality of care expenses in Line 6.6	4,161	0	3,857	0	0	0	0	0	0	0	363,259	(62,433)	308,845	0	308,845
8.2 All other claims adjustment expenses	3,209	0	15,846	0	0	0	0	0	0	0	1,863,313	202,798	2,085,166	0	2,085,166
8.3 Total claims adjustment expenses (Lines 8.1 + 8.2)	7,370	0	19,704	0	0	0	0	0	0	0	2,226,571	140,365	2,394,010	0	2,394,010
9. Claims Adjustment Expense Ratio (Line 8.3/Line 1.8)	(0.013)	0.000	0.004	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.029	0.009	XXX	XXX	XXX

SUPPLEMENT FOR THE YEAR 2018 OF THE UnitedHealthcare Insurance Company

SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 1 (Continued)

	Business Subject to MLR									10	11	12	13	14	15
	Comprehensive Health Coverage			Mini-Med Plans			Expatriate Plans		9						
	1 Individual	2 Small Group Employer	3 Large Group Employer	4 Individual	5 Small Group Employer	6 Large Group Employer	7 Small Group	8 Large Group	Student Health Plans	Government Business (excluded by statute)	Other Health Business	Medicare Advantage Part C and Medicare Part D Stand-Alone Subject to ACA	Subtotal (Cols. 1 through 12)	Uninsured Plans	Total 13 + 14
10. General and Administrative (G&A) Expenses:															
10.1 Direct sales salaries and benefits	963	0	1,138	0	0	0	0	0	0	0	413,607	53,500	469,209	0	469,209
10.2 Agents and brokers fees and commissions	0	0	98,967	0	0	0	0	0	0	0	1,103,893	322,425	1,525,285	0	1,525,285
10.3 Other taxes (excluding taxes on Lines 1.5 through 1.7 and Line 14 below)	(2,067)	(40,178)	288	0	0	0	0	0	0	0	182,439	34,192	174,674	0	174,674
10.4 Other general and administrative expenses	129,805	0	21,493,186	0	0	0	0	0	0	0	7,048,631	1,161,911	29,833,533	0	29,833,533
10.4a Community Benefit Expenditures (informational only)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
10.5 Total general and administrative (Lines 10.1 +10.2 + 10.3 + 10.4)	128,701	(40,178)	21,593,579	0	0	0	0	0	0	0	8,748,571	1,572,027	32,002,700	0	32,002,700
11. Underwriting Gain/(Loss) (Lines 1.12 - 5.7 - 6.6 - 8.3 - 10.5)	(1,238,483)	32,271	(19,556,828)	0	0	0	0	0	0	(14)	7,703,994	(1,795,869)	(14,854,929)	XXX	(14,854,929)
12. Income from fees of uninsured plans	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0
13. Net investment and other gain/(loss)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1,257,863	XXX	1,257,863
14. Federal income taxes (excluding taxes on Line 1.5 above)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	(498,275)	XXX	(498,275)
15. Net gain or (loss) (Lines 11 + 12 + 13 - 14)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	(13,098,791)	XXX	(13,098,791)
16. ICD-10 Implementation Expenses (informational only; already included in general expenses and line 10.4)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
16. 16a ICD-10 Implementation Expenses (informational only; already included in line 10.4)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
OTHER INDICATORS:															
1. Number of certificates/policies	21	0	278	0	0	0	0	0	0	0	236,166	23,808	260,273	0	260,273
2. Number of Covered Lives	43	0	367	0	0	0	0	0	0	0	393,853	23,808	418,071	0	418,071
3. Number of Groups	XXX	0	9	XXX	0	0	0	0	0	0	262	1	272	0	272
4. Member Months	539	0	6,543	0	0	0	0	0	0	0	4,815,815	284,017	5,106,914	0	5,106,914

Is run off business reported in Columns 1 through 9 or 12? Yes [ ] No [ ] If yes, show the amount of premiums and claims included. Premiums $ 0 Claims $ 0

216-2.MN

AFFORDABLE CARE ACT (ACA) RECEIPTS, PAYMENTS, RECEIVABLES and PAYABLES

	Current Year Comprehensive Health Coverage		Prior Year Comprehensive Health Coverage	
	1 Individual Plans	2 Small Group Employer Plans	3 Individual Plans	4 Small Group Employer Plans
ACA Receivables and Payables				
1. Permanent ACA Risk Adjustment Program 1.0 Premium adjustments receivable/(payable)	0	0	0	0
2. Transitional ACA Reinsurance Program 2.0 Total amounts recoverable for claims (paid & unpaid)	0	XXX	0	XXX
3. Temporary ACA Risk Corridors Program 3.1 Accrued retrospective premium	0	0	0	0
3.2 Reserve for rate credits or policy experience refunds	0	0	0	0
ACA Receipts and Payments				
4. Permanent ACA Risk Adjustment Program 4.0 Premium adjustments receipts/(payments)	0	0	0	0
5. Transitional ACA Reinsurance Program 5.0 Amounts received for claims	0	XXX	0	XXX
6. Temporary ACA Risk Corridors Program 6.1 Retrospective premium received	0	0	0	0
6.2 Rate credits or policy experience refunds paid	0	0	0	0

SUPPLEMENT FOR THE YEAR 2018 OF THE UnitedHealthcare Insurance Company

SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 2

(To Be Filed by April 1 - Not for Rebate Purposes)

REPORT FOR: 1. CORPORATION UnitedHealthcare Insurance Company 2. 185 Asylum Street Hartford, CT 061033408 (LOCATION)

NAIC Group Code 0707 BUSINESS IN THE STATE OF Minnesota DURING THE YEAR 2018 NAIC Company Code 79413

	Business Subject to MLR								9	10	11	12	13
	Comprehensive Health Coverage			Mini-Med Plans			Expatriate Plans:						
	1 Individual	2 Small Group Employer	3 Large Group Employer	4 Individual	5 Small Group Employer	6 Large Group Employer	7 Small Group	8 Large Group	Student Health Plans	Government Business (excluded by statute)	Other Health Business	Medicare Advantage Part C and Medicare Part D Stand-Alone Subject to ACA	Total (a)
1. Health Premiums Earned:													
1.1 Direct premiums written	165,011	0	352,399	0	0	0	0	0	0	0	81,283,603	16,378,921	98,179,935
1.2 Unearned premium prior year	0	0	0	0	0	0	0	0	0	0	74,898	0	74,898
1.3 Unearned premium current year	0	0	0	0	0	0	0	0	0	0	69,411	0	69,411
1.4 Change in unearned premium (Lines 1.2 - 1.3)	0	0	0	0	0	0	0	0	0	0	5,486	0	5,486
1.5 Paid rate credits	112	0	(112)	0	0	0	0	0	0	0	(1,248,856)	0	(1,248,856)
1.6 Reserve for rate credits current year	0	0	2,753,798	0	0	0	0	0	0	0	202,101	1,072,018	4,027,917
1.7 Reserve for rate credits prior year	0	0	0	0	0	0	0	0	0	0	146,732	1,254,127	1,400,859
1.8 Change in reserve for rate credits (Lines 1.6 - 1.7)	0	0	2,753,798	0	0	0	0	0	0	0	55,369	(182,109)	2,627,058
1.9 Premium balances written off	0	0	0	0	0	0	0	0	0	0	24,058	267,820	291,878
1.10 Group conversion charge	0	0	0	0	0	0	0	0	0	0	0	0	0
1.11 Total direct premiums earned (Lines 1.1 + 1.4 - 1.9 + 1.10)	165,011	0	352,399	0	0	0	0	0	0	0	81,265,032	16,111,101	97,893,543
1.12 Assumed premiums earned from non-affiliates	0	0	0	0	0	0	0	0	0	0	0	0	0
1.13 Net Assumed less Ceded premiums earned from affiliates	0	0	0	0	0	0	0	0	0	0	0	0	0
1.14 Ceded premiums earned to non-affiliates	0	0	(494,536)	0	0	0	0	0	0	0	51,119	0	(443,417)
1.15 Other Adjustments due to MLR calculation - Premiums	0	0	0	0	0	0	0	0	0	0	24,058	267,820	291,878
1.16 Net premiums earned (Lines 1.11 - 1.5 - 1.8 + 1.12 + 1.13 - 1.14 + 1.15)	164,900	0	(1,906,751)	0	0	0	0	0	0	0	82,431,458	16,561,031	97,250,637
2. Direct Claims Incurred:													
2.1 Paid claims during the year	554,165	(94)	120,673	0	0	0	0	0	0	0	57,146,419	10,230,491	68,051,654
2.2 Direct claim liability current year	89,967	0	144,474	0	0	0	0	0	0	0	10,217,884	1,192,288	11,644,613
2.3 Direct claim liability prior year	105,186	0	15,732	0	0	0	0	0	0	0	8,232,676	476,705	8,830,299
2.4 Direct claim reserves current year	0	0	1,645	0	0	0	0	0	0	0	3,988,657	0	3,990,303
2.5 Direct claim reserves prior year	0	0	0	0	0	0	0	0	0	0	3,889,732	0	3,889,732
2.6 Direct contract reserves current year	0	0	0	0	0	0	0	0	0	0	115,946	0	115,946
2.7 Direct contract reserves prior year	0	0	0	0	0	0	0	0	0	0	171,488	0	171,488
2.8 Paid rate credits	112	0	(112)	0	0	0	0	0	0	0	(1,248,856)	0	(1,248,856)
2.9 Reserve for rate credits current year	0	0	2,753,798	0	0	0	0	0	0	0	202,101	1,072,018	4,027,917
2.10 Reserve for rate credits prior year	0	0	0	0	0	0	0	0	0	0	146,732	1,254,127	1,400,859
2.11 Incurred medical incentive pools and bonuses (Lines 2.11a + 2.11b - 2.11c)	0	0	489	0	0	0	0	0	0	0	0	0	489
2.11a Paid medical incentive pools and bonuses current year	0	0	489	0	0	0	0	0	0	0	0	0	489
2.11b Accrued medical incentive pools and bonuses current year	0	0	0	0	0	0	0	0	0	0	27	0	27
2.11c Accrued medical incentive pools and bonuses prior year	0	0	0	0	0	0	0	0	0	0	27	0	27
2.12 Net healthcare receivables (Lines 2.12a - 2.12b)	0	0	5,887	0	0	0	0	0	0	0	1,325	(5,896,885)	(5,889,674)
2.12a Healthcare receivables current year	0	0	5,887	0	0	0	0	0	0	0	1,325	5,884,618	5,891,829
2.12b Healthcare receivables prior year	0	0	0	0	0	0	0	0	0	0	0	11,781,503	11,781,503
2.13 Group conversion charge	0	0	0	0	0	0	0	0	0	0	0	0	0
2.14 Multi-option coverage blended rate adjustment	0	0	0	0	0	0	0	0	0	0	0	0	0
2.15 Total incurred claims (Lines 2.1 + 2.2 - 2.3 + 2.4 - 2.5 + 2.6 - 2.7 + 2.8 + 2.9 - 2.10 + 2.11 - 2.12 + 2.13 + 2.14)	539,058	(94)	2,999,349	0	0	0	0	0	0	0	57,980,198	16,660,849	78,179,361
2.16 Assumed incurred claims from non-affiliates	0	0	0	0	0	0	0	0	0	0	0	0	0
2.17 Net assumed less ceded incurred claims from affiliates	0	0	0	0	0	0	0	0	0	0	0	0	0
2.18 Ceded incurred claims to non-affiliates	0	0	36,117	0	0	0	0	0	0	0	(76,519)	0	(40,401)
2.19 Other adjustments due to MLR calculation - Claims	0	0	0	0	0	0	0	0	0	0	0	0	0
2.20 Net Incurred Claims (Lines 2.15 - 2.8 - 2.9 + 2.10 + 2.16 + 2.17 - 2.18 + 2.19)	538,947	(94)	209,545	0	0	0	0	0	0	0	59,250,204	16,842,959	76,841,560
3. Fraud and Abuse Recoveries that Reduced PAID Claims in Line 2.1 above (informational only)	0	0	0	0	0	0	0	0	0	0	0	1,844	1,844

(a) Column 13, Line 1.1 includes direct written premium of $ 1,207,840 for stand-alone dental and $ 21,219,959 for stand-alone vision policies.

SUPPLEMENT FOR THE YEAR 2018 OF THE UnitedHealthcare Insurance Company

SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 3

(To Be Filed by April 1 - Not for Rebate Purposes)

REPORT FOR: 1. CORPORATION UnitedHealthcare Insurance Company 2. 185 Asylum Street Hartford, CT 061033408 (LOCATION)

NAIC Group Code 0707 BUSINESS IN THE STATE OF Minnesota DURING THE YEAR 2018 NAIC Company Code 79413

	All Expenses	Improving Health Care Quality Expenses						Claims Adjustment Expenses		9	10
		1 Improve Health Outcomes	2 Activities to Prevent Hospital Readmissions	3 Improve Patient Safety and Reduce Medical Errors	4 Wellness & Health Promotion Activities	5 HIT Expenses	6 Total (1 to 5)	7 Cost Containment Expenses	8 Other Claims Adjustment Expenses	General Administrative Expenses	Total Expenses (6 to 9)
1.	Individual Comprehensive Coverage Expenses:										
	1.1 Salaries (including $ 39,638 for affiliated services)	0	0	0	0	0	0	701	904	38,033	39,638
	1.2 Outsourced Services	0	0	0	0	0	0	1,739	104	6,839	8,682
	1.3 EDP Equipment and Software (incl $ 3,232 for affiliated services)	0	0	0	0	0	0	59	76	3,098	3,232
	1.4 Other Equipment (excl. EDP) (incl $ 310 for affiliated services)	0	0	0	0	0	0	6	7	297	310
	1.5 Accreditation and Certification (incl $ 34 for affiliated services)	0	XXX	XXX	XXX	XXX	0	1	1	32	34
	1.6 Other Expenses (incl $ 87,305 for affiliated services)	1,320	0	0	0	0	1,320	1,567	2,022	82,400	87,309
	1.7 Subtotal before Reimbursements and Taxes (Lines 1.1 to 1.6)	1,320	0	0	0	0	1,320	4,072	3,113	130,700	139,205
	1.8 Reimbursements by uninsured plans and fiscal intermediaries	0	0	0	0	0	0	0	0	0	0
	1.9 Taxes, Licenses and Fees (in total, for tying purposes)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1,028,039	1,028,039
	1.10 Total (1.7 to 1.9)	1,320	0	0	0	0	1,320	4,072	3,113	1,158,739	1,167,244
	1.11 Total Fraud and Abuse Detection/Recovery Expenses included in Column 7 (informational only)	0	0	0	0	0	0	775	0	0	775
2.	Small Group Comprehensive Coverage Expenses:										
	2.1 Salaries (including $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	2.2 Outsourced Services	0	0	0	0	0	0	0	0	0	0
	2.3 EDP Equipment and Software (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	2.4 Other Equipment (excl. EDP) (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	2.5 Accreditation and Certification (incl $ 0 for affiliated services)	0	XXX	XXX	XXX	XXX	0	0	0	0	0
	2.6 Other Expenses (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	2.7 Subtotal before Reimbursements and Taxes (Lines 2.1 to 2.6)	0	0	0	0	0	0	0	0	0	0
	2.8 Reimbursements by uninsured plans and fiscal intermediaries	0	0	0	0	0	0	0	0	0	0
	2.9 Taxes, Licenses and Fees (in total, for tying purposes)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	(40,211)	(40,211)
	2.10 Total (2.7 to 2.9)	0	0	0	0	0	0	0	0	(40,211)	(40,211)
	2.11 Total Fraud and Abuse Detection/Recovery Expenses included in Column 7 (informational only)	0	0	0	0	0	0	0	0	0	0
3.	Large Group Comprehensive Coverage Expenses:										
	3.1 Salaries (including $ 6,233,463 for affiliated services)	0	0	0	0	0	0	1,081	4,576	6,227,807	6,233,463
	3.2 Outsourced Services	0	0	0	0	0	0	124	524	713,593	714,242
	3.3 EDP Equipment and Software (incl $ 520,432 for affiliated services)	0	0	0	0	0	0	90	382	519,959	520,432
	3.4 Other Equipment (excl. EDP) (incl $ 49,955 for affiliated services)	0	0	0	0	0	0	9	37	49,910	49,955
	3.5 Accreditation and Certification (incl $ 5,424 for affiliated services)	0	XXX	XXX	XXX	XXX	0	1	4	5,419	5,424
	3.6 Other Expenses (incl $ 13,942,671 for affiliated services)	2,819	0	0	0	0	2,819	2,464	10,234	14,076,487	14,092,004
	3.7 Subtotal before Reimbursements and Taxes (Lines 3.1 to 3.6)	2,819	0	0	0	0	2,819	3,769	15,756	21,593,176	21,615,520
	3.8 Reimbursements by uninsured plans and fiscal intermediaries	0	0	0	0	0	0	0	0	0	0
	3.9 Taxes, Licenses and Fees (in total, for tying purposes)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	2,499	2,499
	3.10 Total (3.7 to 3.9)	2,819	0	0	0	0	2,819	3,769	15,756	21,595,675	21,618,019
	3.11 Total Fraud and Abuse Detection/Recovery Expenses included in Column 7 (informational only)	0	0	0	0	0	0	805	0	0	805

SUPPLEMENT FOR THE YEAR 2018 OF THE UnitedHealthcare Insurance Company

SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 3 (Continued)

	All Expenses	Improving Health Care Quality Expenses						Claims Adjustment Expenses		9	10
		1 Improve Health Outcomes	2 Activities to Prevent Hospital Readmissions	3 Improve Patient Safety and Reduce Medical Errors	4 Wellness & Health Promotion Activities	5 HIT Expenses	6 Total (1 to 5)	7 Cost Containment Expenses	8 Other Claims Adjustment Expenses	General Administrative Expenses	Total Expenses (6 to 9)
4.	Individual Mini-Med Plans Expenses:										
	4.1 Salaries (including $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	4.2 Outsourced Services	0	0	0	0	0	0	0	0	0	0
	4.3 EDP Equipment and Software (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	4.4 Other Equipment (excl. EDP) (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	4.5 Accreditation and Certification (incl $ 0 for affiliated services)	0	XXX	XXX	XXX	XXX	0	0	0	0	0
	4.6 Other Expenses (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	4.7 Subtotal before Reimbursements and Taxes (Lines 4.1 to 4.6)	0	0	0	0	0	0	0	0	0	0
	4.8 Reimbursements by uninsured plans and fiscal intermediaries	0	0	0	0	0	0	0	0	0	0
	4.9 Taxes, Licenses and Fees (in total, for tying purposes)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0
	4.10 Total (4.7 to 4.9)	0	0	0	0	0	0	0	0	0	0
	4.11 Total Fraud and Abuse Detection/Recovery Expenses included in Column 7 (informational only)	0	0	0	0	0	0	0	0	0	0
5.	Small Group Mini-Med Plans Expenses:										
	5.1 Salaries (including $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	5.2 Outsourced Services	0	0	0	0	0	0	0	0	0	0
	5.3 EDP Equipment and Software (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	5.4 Other Equipment (excl. EDP) (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	5.5 Accreditation and Certification (incl $ 0 for affiliated services)	0	XXX	XXX	XXX	XXX	0	0	0	0	0
	5.6 Other Expenses (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	5.7 Subtotal before Reimbursements and Taxes (Lines 5.1 to 5.6)	0	0	0	0	0	0	0	0	0	0
	5.8 Reimbursements by uninsured plans and fiscal intermediaries	0	0	0	0	0	0	0	0	0	0
	5.9 Taxes, Licenses and Fees (in total, for tying purposes)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0
	5.10 Total (5.7 to 5.9)	0	0	0	0	0	0	0	0	0	0
	5.11 Total Fraud and Abuse Detection/Recovery Expenses included in Column 7 (informational only)	0	0	0	0	0	0	0	0	0	0
6.	Large Group Mini-Med Plans Expenses:										
	6.1 Salaries (including $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	6.2 Outsourced Services	0	0	0	0	0	0	0	0	0	0
	6.3 EDP Equipment and Software (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	6.4 Other Equipment (excl. EDP) (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	6.5 Accreditation and Certification (incl $ 0 for affiliated services)	0	XXX	XXX	XXX	XXX	0	0	0	0	0
	6.6 Other Expenses (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	6.7 Subtotal before Reimbursements and Taxes (Lines 6.1 to 6.6)	0	0	0	0	0	0	0	0	0	0
	6.8 Reimbursements by uninsured plans and fiscal intermediaries	0	0	0	0	0	0	0	0	0	0
	6.9 Taxes, Licenses and Fees (in total, for tying purposes)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0
	6.10 Total (6.7 to 6.9)	0	0	0	0	0	0	0	0	0	0
	6.11 Total Fraud and Abuse Detection/Recovery Expenses included in Column 7 (informational only)	0	0	0	0	0	0	0	0	0	0

SUPPLEMENT FOR THE YEAR 2018 OF THE UnitedHealthcare Insurance Company

SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 3 (Continued)

	All Expenses	Improving Health Care Quality Expenses						Claims Adjustment Expenses		9	10
		1 Improve Health Outcomes	2 Activities to Prevent Hospital Readmissions	3 Improve Patient Safety and Reduce Medical Errors	4 Wellness & Health Promotion Activities	5 HIT Expenses	6 Total (1 to 5)	7 Cost Containment Expenses	8 Other Claims Adjustment Expenses	General Administrative Expenses	Total Expenses (6 to 9)
7.	Small Group Expatriate Plans Expenses:										
	7.1 Salaries (including $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	7.2 Outsourced Services	0	0	0	0	0	0	0	0	0	0
	7.3 EDP Equipment and Software (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	7.4 Other Equipment (excl. EDP) (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	7.5 Accreditation and Certification (incl $ 0 for affiliated services)	0	XXX	XXX	XXX	XXX	0	0	0	0	0
	7.6 Other Expenses (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	7.7 Subtotal before Reimbursements and Taxes (Lines 7.1 to 7.6)	0	0	0	0	0	0	0	0	0	0
	7.8 Reimbursements by uninsured plans and fiscal intermediaries	0	0	0	0	0	0	0	0	0	0
	7.9 Taxes, Licenses and Fees (in total, for tying purposes)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0
	7.10 Total (7.7 to 7.9)	0	0	0	0	0	0	0	0	0	0
	7.11 Total Fraud and Abuse Detection/Recovery Expenses included in Column 7 (informational only)	0	0	0	0	0	0	0	0	0	0
8.	Large Group Expatriate Plans Expenses:										
	8.1 Salaries (including $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	8.2 Outsourced Services	0	0	0	0	0	0	0	0	0	0
	8.3 EDP Equipment and Software (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	8.4 Other Equipment (excl. EDP) (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	8.5 Accreditation and Certification (incl $ 0 for affiliated services)	0	XXX	XXX	XXX	XXX	0	0	0	0	0
	8.6 Other Expenses (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	8.7 Subtotal before Reimbursements and Taxes (Lines 8.1 to 8.6)	0	0	0	0	0	0	0	0	0	0
	8.8 Reimbursements by uninsured plans and fiscal intermediaries	0	0	0	0	0	0	0	0	0	0
	8.9 Taxes, Licenses and Fees (in total, for tying purposes)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0
	8.10 Total (8.7 to 8.9)	0	0	0	0	0	0	0	0	0	0
	8.11 Total Fraud and Abuse Detection/Recovery Expenses included in Column 7 (informational only)	0	0	0	0	0	0	0	0	0	0
9.	Student Health Plans Expenses:										
	9.1 Salaries (including $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	9.2 Outsourced Services	0	0	0	0	0	0	0	0	0	0
	9.3 EDP Equipment and Software (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	9.4 Other Equipment (excl. EDP) (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	9.5 Accreditation and Certification (incl $ 0 for affiliated services)	0	XXX	XXX	XXX	XXX	0	0	0	0	0
	9.6 Other Expenses (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	9.7 Subtotal before Reimbursements and Taxes (Lines 9.1 to 9.6)	0	0	0	0	0	0	0	0	0	0
	9.8 Reimbursements by uninsured plans and fiscal intermediaries	0	0	0	0	0	0	0	0	0	0
	9.9 Taxes, Licenses and Fees (in total, for tying purposes)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0
	9.10 Total (9.7 to 9.9)	0	0	0	0	0	0	0	0	0	0
	9.11 Total Fraud and Abuse Detection/Recovery Expenses included in Column 7 (informational only)	0	0	0	0	0	0	0	0	0	0

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SUPPLEMENT FOR THE YEAR 2018 OF THE UnitedHealthcare Insurance Company

SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 1

(To Be Filed by April 1 - Not for Rebate Purposes - See Cautionary Statement at http://www.naic.org/documents/committees_e_app_blanks_related_shce_cautionary_statement.pdf)

REPORT FOR: 1. CORPORATION UnitedHealthcare Insurance Company 2. 185 Asylum Street Hartford, CT 061033408 (LOCATION)

NAIC Group Code 0707 BUSINESS IN THE STATE OF Mississippi DURING THE YEAR 2018 NAIC Company Code 79413

	Business Subject to MLR								9	10	11	12	13	14	15
	Comprehensive Health Coverage			Mini-Med Plans			Expatriate Plans								
	1 Individual	2 Small Group Employer	3 Large Group Employer	4 Individual	5 Small Group Employer	6 Large Group Employer	7 Small Group	8 Large Group	Student Health Plans	Government Business (excluded by statute)	Other Health Business	Medicare Advantage Part C and Medicare Part D Stand-Alone Subject to ACA	Subtotal (Cols. 1 through 12)	Uninsured Plans	Total 13 + 14
1. Premium:															
1.1 Health premiums earned (From Part 2, Line 1.11)	191,731	27,601,243	123,582,475	0	0	0	0	0	0	0	83,555,333	72,062,325	306,993,107	XXX	306,993,107
1.2 Federal high risk pools	0	0	0	0	0	0	0	0	0	0	0	0	0	XXX	0
1.3 State high risk pools	(305)	(140)	(5,135)	0	0	0	0	0	0	0	42,199	0	36,619	XXX	36,619
1.4 Premiums earned including state and federal high risk programs (Lines 1.1 + 1.2 + 1.3)	191,426	27,601,103	123,577,340	0	0	0	0	0	0	0	83,597,532	72,062,325	307,029,726	XXX	307,029,726
1.5 Federal taxes and federal assessments	9,378	589,895	4,563,315	0	0	0	0	0	0	174,852	1,066,965	3,261,761	9,666,166	0	9,666,166
1.6 State insurance, premium and other taxes (Similar local taxes of $ 1,194,150)	2,688	733,784	3,279,307	0	0	0	0	0	0	32,169	1,603,422	438,181	6,089,552	0	6,089,552
1.6a Community Benefit Expenditures (informational only)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
1.7 Regulatory authority licenses and fees	144	2,854	13,438	0	0	0	0	0	0	0	(16,836)	0	(400)	0	(400)
1.8 Adjusted Premiums Earned (Lines 1.4 - 1.5 - 1.6 - 1.7)	179,215	26,274,570	115,721,280	0	0	0	0	0	0	(207,020)	80,943,980	68,362,383	291,274,408	XXX	291,274,408
1.9 Net Assumed less Ceded reinsurance premiums earned	0	(40)	(18,393,707)	0	0	0	0	0	0	0	(233,477)	0	(18,627,224)	XXX	(18,627,224)
1.10 Other Adjustments due to MLR calculations - Premiums	0	1,409	4	0	0	0	0	0	0	0	16,198	1,371,165	1,388,775	XXX	1,388,775
1.11 Risk Revenue	0	0	0	0	0	0	0	0	0	0	0	0	0	XXX	0
1.12 Net adjusted premiums earned after reinsurance (Lines 1.8 + 1.9 + 1.10 + 1.11)	179,215	26,275,939	97,327,576	0	0	0	0	0	0	(207,020)	80,726,701	69,733,547	274,035,959	XXX	274,035,959
2. Claims:															
2.1 Incurred claims excluding prescription drugs	149,174	18,484,981	83,129,815	0	0	0	0	0	0	(860,073)	62,982,950	19,482,278	183,369,126	XXX	183,369,126
2.2 Prescription drugs	20,274	5,576,373	23,058,810	0	0	0	0	0	0	(18,330)	44,515	76,823,484	105,505,126	XXX	105,505,126
2.3 Pharmaceutical rebates	3,592	1,942,803	7,786,458	0	0	0	0	0	0	(826)	14,196	43,443,379	53,189,603	XXX	53,189,603
2.4 State stop loss, market stabilization and claim/census based assessments (informational only)	0	1,350	5,054	0	0	0	0	0	0	0	0	0	6,404	XXX	6,404
3. Incurred medical incentive pools and bonuses	0	20,848	230,950	0	0	0	0	0	0	0	0	12,482	264,280	XXX	264,280
4. Deductible Fraud and Abuse Detection/Recovery Expenses (for MLR use only)	0	2,801	21,677	0	0	0	0	0	0	0	0	0	24,478	0	24,478
5. 5.0 Total Incurred Claims (Lines 2.1 + 2.2 - 2.3 + 3) (From Part 2, Line 2.15)	165,856	22,139,398	98,633,117	0	0	0	0	0	0	(877,577)	63,013,269	52,874,865	235,948,929	XXX	235,948,929
5.1 Net Assumed less Ceded reinsurance claims incurred	0	13,071	(15,311,975)	0	0	0	0	0	0	0	(380,605)	0	(15,679,509)	XXX	(15,679,509)
5.2 Other Adjustments due to MLR calculations - Claims	0	(9,457)	(1,707,769)	0	0	0	0	0	0	0	34	(2,767,887)	(4,485,078)	XXX	(4,485,078)
5.3 Rebates paid	0	27,558	4,031,934	0	0	0	0	0	0	XXX	XXX	0	4,059,492	XXX	4,059,492
5.4 Estimated rebates unpaid prior year	0	18,082	4,606,777	0	0	0	0	0	0	XXX	XXX	0	4,624,859	XXX	4,624,859
5.5 Estimated rebates unpaid current year	0	0	2,282,970	0	0	0	0	0	0	XXX	XXX	2,767,887	5,050,857	XXX	5,050,857
5.6 Fee for service and co-pay revenue	0	0	0	0	0	0	0	0	0	0	0	0	0	XXX	0
5.7 Net incurred claims after reinsurance (Lines 5.0 + 5.1 + 5.2 + 5.3 - 5.4 + 5.5 - 5.6)	165,856	22,152,489	83,321,500	0	0	0	0	0	0	(877,577)	62,632,698	52,874,865	220,269,831	XXX	220,269,831
6. Improving Health Care Quality Expenses Incurred:															
6.1 Improve health outcomes	1,534	220,810	988,660	0	0	0	0	0	0	0	253,354	195,960	1,660,317	0	1,660,317
6.2 Activities to prevent hospital readmissions	0	0	0	0	0	0	0	0	0	0	156,165	71,888	228,054	0	228,054
6.3 Improve patient safety and reduce medical errors	0	0	0	0	0	0	0	0	0	0	119,075	237,975	357,050	0	357,050
6.4 Wellness and health promotion activities	0	0	0	0	0	0	0	0	0	0	560,118	(1,339)	558,780	0	558,780
6.5 Health Information Technology expenses related to health improvement	0	0	0	0	0	0	0	0	0	0	55,615	203,908	259,523	0	259,523
6.6 Total of Defined Expenses Incurred for Improving Health Care Quality (Lines 6.1+6.2+6.3+6.4+6.5)	1,534	220,810	988,660	0	0	0	0	0	0	0	1,144,327	708,392	3,063,723	0	3,063,723
7. Preliminary Medical Loss Ratio: MLR ((Lines 4 + 5.0 + 6.6 - Footnote 2.0)/Line 1.8	0.934	0.851	0.861	0.000	0.000	0.000	0.000	0.000	0.000	XXX	XXX	0.784	XXX	XXX	XXX
8. Claims Adjustment Expenses:															
8.1 Cost containment expenses not included in quality of care expenses in Line 6.6	2,307	379,276	1,415,209	0	0	0	0	0	0	0	123,309	1,492,713	3,412,813	0	3,412,813
8.2 All other claims adjustment expenses	5,855	610,842	2,100,743	0	0	0	0	0	0	0	1,270,609	4,054,727	8,042,777	0	8,042,777
8.3 Total claims adjustment expenses (Lines 8.1 + 8.2)	8,162	990,118	3,515,951	0	0	0	0	0	0	0	1,393,918	5,547,440	11,455,590	0	11,455,590
9. Claims Adjustment Expense Ratio (Line 8.3/Line 1.8)	0.046	0.038	0.030	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.017	0.081	XXX	XXX	XXX

SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 1 (Continued)

	Business Subject to MLR									10	11	12	13	14	15
	Comprehensive Health Coverage			Mini-Med Plans			Expatriate Plans		9						
	1 Individual	2 Small Group Employer	3 Large Group Employer	4 Individual	5 Small Group Employer	6 Large Group Employer	7 Small Group	8 Large Group	Student Health Plans	Government Business (excluded by statute)	Other Health Business	Medicare Advantage Part C and Medicare Part D Stand-Alone Subject to ACA	Subtotal (Cols. 1 through 12)	Uninsured Plans	Total 13 + 14
10. General and Administrative (G&A) Expenses:															
10.1 Direct sales salaries and benefits	563	121,783	607,403	0	0	0	0	0	0	0	162,135	97,466	989,349	0	989,349
10.2 Agents and brokers fees and commissions	4,576	857,338	1,537,687	0	0	0	0	0	0	0	3,775,106	1,005,216	7,179,924	0	7,179,924
10.3 Other taxes (excluding taxes on Lines 1.5 through 1.7 and Line 14 below)	(1,132)	9,643	43,007	0	0	0	0	0	0	0	155,614	99,643	306,775	0	306,775
10.4 Other general and administrative expenses	17,969	1,569,618	3,514,259	0	0	0	0	0	0	0	8,030,496	5,133,814	18,266,156	0	18,266,156
10.4a Community Benefit Expenditures (informational only)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
10.5 Total general and administrative (Lines 10.1 +10.2 + 10.3 + 10.4)	21,975	2,558,382	5,702,357	0	0	0	0	0	0	0	12,123,351	6,336,139	26,742,204	0	26,742,204
11. Underwriting Gain/(Loss) (Lines 1.12 - 5.7 - 6.6 - 8.3 - 10.5)	(18,312)	354,141	3,799,108	0	0	0	0	0	0	670,556	3,432,407	4,266,711	12,504,611	XXX	12,504,611
12. Income from fees of uninsured plans	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0
13. Net investment and other gain/(loss)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	4,235,649	XXX	4,235,649
14. Federal income taxes (excluding taxes on Line 1.5 above)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	(663,424)	XXX	(663,424)
15. Net gain or (loss) (Lines 11 + 12 + 13 - 14)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	17,403,684	XXX	17,403,684
16. ICD-10 Implementation Expenses (informational only; already included in general expenses and line 10.4)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
16. 16a ICD-10 Implementation Expenses (informational only; already included in line 10.4)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
OTHER INDICATORS:															
1. Number of certificates/policies	39	4,592	17,566	0	0	0	0	0	0	0	74,345	42,576	139,118	0	139,118
2. Number of Covered Lives	51	7,461	26,111	0	0	0	0	0	0	0	102,828	42,576	179,027	0	179,027
3. Number of Groups	XXX	645	203	XXX	0	0	0	0	0	0	812	0	1,660	0	1,660
4. Member Months	541	88,879	291,650	0	0	0	0	0	0	0	1,255,657	506,291	2,143,018	0	2,143,018

Is run off business reported in Columns 1 through 9 or 12? Yes [ ] No [ ] If yes, show the amount of premiums and claims included. Premiums $ 0 Claims $ 0

216-2.MS

AFFORDABLE CARE ACT (ACA) RECEIPTS, PAYMENTS, RECEIVABLES and PAYABLES

	Current Year Comprehensive Health Coverage		Prior Year Comprehensive Health Coverage	
	1 Individual Plans	2 Small Group Employer Plans	3 Individual Plans	4 Small Group Employer Plans
ACA Receivables and Payables				
1. Permanent ACA Risk Adjustment Program 1.0 Premium adjustments receivable/(payable)	(46,113)	(943,716)	321,537	(81,153)
2. Transitional ACA Reinsurance Program 2.0 Total amounts recoverable for claims (paid & unpaid)	0	XXX	0	XXX
3. Temporary ACA Risk Corridors Program 3.1 Accrued retrospective premium	0	0	0	0
3.2 Reserve for rate credits or policy experience refunds	0	0	0	0
ACA Receipts and Payments				
4. Permanent ACA Risk Adjustment Program 4.0 Premium adjustments receipts/(payments)	276,356	(391,589)	(62,212)	606,537
5. Transitional ACA Reinsurance Program 5.0 Amounts received for claims	0	XXX	0	XXX
6. Temporary ACA Risk Corridors Program 6.1 Retrospective premium received	0	0	0	0
6.2 Rate credits or policy experience refunds paid	0	0	0	0

SUPPLEMENT FOR THE YEAR 2018 OF THE UnitedHealthcare Insurance Company

SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 2

(To Be Filed by April 1 - Not for Rebate Purposes)

REPORT FOR: 1. CORPORATION UnitedHealthcare Insurance Company 2. 185 Asylum Street Hartford, CT 061033408 (LOCATION)

NAIC Group Code 0707 BUSINESS IN THE STATE OF Mississippi DURING THE YEAR 2018 NAIC Company Code 79413

	Business Subject to MLR												
	Comprehensive Health Coverage			Mini-Med Plans			Expatriate Plans:		9	10	11	12	13
	1	2	3	4	5	6	7	8					
	Individual	Small Group Employer	Large Group Employer	Individual	Small Group Employer	Large Group Employer	Small Group	Large Group	Student Health Plans	Government Business (excluded by statute)	Other Health Business	Medicare Advantage Part C and Medicare Part D Stand-Alone Subject to ACA	Total (a)
1. Health Premiums Earned:													
1.1 Direct premiums written	191,731	27,593,409	123,582,479	0	0	0	0	0	0	0	83,570,723	73,433,489	308,371,831
1.2 Unearned premium prior year	0	18,146	0	0	0	0	0	0	0	0	1,355	0	19,502
1.3 Unearned premium current year	0	8,903	0	0	0	0	0	0	0	0	548	0	9,451
1.4 Change in unearned premium (Lines 1.2 - 1.3)	0	9,243	0	0	0	0	0	0	0	0	807	0	10,050
1.5 Paid rate credits	29,285	27,538	4,030,324	0	0	0	0	0	0	0	(2,086,002)	3,406,860	5,408,005
1.6 Reserve for rate credits current year	0	0	2,282,970	0	0	0	0	0	0	0	167,753	4,048,939	6,499,663
1.7 Reserve for rate credits prior year	0	18,082	4,606,777	0	0	0	0	0	0	0	129,729	3,393,617	8,148,205
1.8 Change in reserve for rate credits (Lines 1.6 - 1.7)	0	(18,082)	(2,323,807)	0	0	0	0	0	0	0	38,024	655,323	(1,648,543)
1.9 Premium balances written off	0	1,409	4	0	0	0	0	0	0	0	16,198	1,371,165	1,388,775
1.10 Group conversion charge	0	0	0	0	0	0	0	0	0	0	0	0	0
1.11 Total direct premiums earned (Lines 1.1 + 1.4 - 1.9 + 1.10)	191,731	27,601,243	123,582,475	0	0	0	0	0	0	0	83,555,333	72,062,325	306,993,107
1.12 Assumed premiums earned from non-affiliates	0	0	0	0	0	0	0	0	0	0	0	0	0
1.13 Net Assumed less Ceded premiums earned from affiliates	0	(40)	473	0	0	0	0	0	0	0	0	0	433
1.14 Ceded premiums earned to non-affiliates	0	0	18,394,180	0	0	0	0	0	0	0	233,477	0	18,627,657
1.15 Other Adjustments due to MLR calculation - Premiums	0	1,409	4	0	0	0	0	0	0	0	16,198	1,371,165	1,388,775
1.16 Net premiums earned (Lines 1.11 - 1.5 - 1.8 + 1.12 + 1.13 - 1.14 + 1.15)	162,446	27,593,156	103,482,254	0	0	0	0	0	0	0	85,386,032	69,371,307	285,995,195
2. Direct Claims Incurred:													
2.1 Paid claims during the year	154,944	20,940,335	94,556,934	0	0	0	0	0	0	(1,682,321)	64,717,919	48,723,112	227,410,923
2.2 Direct claim liability current year	6,041	3,096,971	12,423,117	0	0	0	0	0	0	920,401	8,694,850	3,588,070	28,729,450
2.3 Direct claim liability prior year	2,636	1,722,608	10,315,318	0	0	0	0	0	0	202,517	8,656,468	3,435,488	24,335,034
2.4 Direct claim reserves current year	985	91,447	267,062	0	0	0	0	0	0	0	3,550,379	60,602	3,970,473
2.5 Direct claim reserves prior year	556	37,286	236,464	0	0	0	0	0	0	0	3,131,560	9,063	3,414,929
2.6 Direct contract reserves current year	68,468	0	0	0	0	0	0	0	0	0	47,096	0	115,564
2.7 Direct contract reserves prior year	89,965	0	0	0	0	0	0	0	0	0	157,048	0	247,013
2.8 Paid rate credits	29,285	27,538	4,030,324	0	0	0	0	0	0	0	(2,086,002)	3,406,860	5,408,005
2.9 Reserve for rate credits current year	0	0	2,282,970	0	0	0	0	0	0	0	167,753	4,048,939	6,499,663
2.10 Reserve for rate credits prior year	0	18,082	4,606,777	0	0	0	0	0	0	0	129,729	3,393,617	8,148,205
2.11 Incurred medical incentive pools and bonuses (Lines 2.11a + 2.11b - 2.11c)	0	20,848	230,950	0	0	0	0	0	0	0	0	12,482	264,280
2.11a Paid medical incentive pools and bonuses current year	0	17,273	99,362	0	0	0	0	0	0	0	0	12,297	128,932
2.11b Accrued medical incentive pools and bonuses current year	0	9,172	141,999	0	0	0	0	0	0	0	0	185	151,356
2.11c Accrued medical incentive pools and bonuses prior year	0	5,597	10,410	0	0	0	0	0	0	0	0	0	16,008
2.12 Net healthcare receivables (Lines 2.12a - 2.12b)	710	259,764	(319)	0	0	0	0	0	0	(86,861)	3,921	127,033	304,249
2.12a Healthcare receivables current year	710	769,373	3,133,230	0	0	0	0	0	0	(71,564)	3,921	15,909,284	19,744,955
2.12b Healthcare receivables prior year	0	509,609	3,133,549	0	0	0	0	0	0	15,297	0	15,782,251	19,440,706
2.13 Group conversion charge	0	0	0	0	0	0	0	0	0	0	0	0	0
2.14 Multi-option coverage blended rate adjustment	0	0	0	0	0	0	0	0	0	0	0	0	0
2.15 Total incurred claims (Lines 2.1 + 2.2 - 2.3 + 2.4 - 2.5 + 2.6 - 2.7 + 2.8 + 2.9 - 2.10 + 2.11 - 2.12 + 2.13 + 2.14)	165,856	22,139,398	98,633,117	0	0	0	0	0	0	(877,577)	63,013,269	52,874,865	235,948,929
2.16 Assumed incurred claims from non-affiliates	0	0	0	0	0	0	0	0	0	0	0	0	0
2.17 Net assumed less ceded incurred claims from affiliates	0	13,071	(10,808)	0	0	0	0	0	0	0	0	0	2,263
2.18 Ceded incurred claims to non-affiliates	0	0	15,301,167	0	0	0	0	0	0	0	380,605	0	15,681,772
2.19 Other adjustments due to MLR calculation - Claims	0	0	0	0	0	0	0	0	0	0	0	0	0
2.20 Net Incurred Claims (Lines 2.15 - 2.8 - 2.9 + 2.10 + 2.16 + 2.17 - 2.18 + 2.19)	136,571	22,143,013	81,614,625	0	0	0	0	0	0	(877,577)	64,680,642	48,812,683	216,509,957
3. Fraud and Abuse Recoveries that Reduced PAID Claims in Line 2.1 above (informational only)	0	2,801	21,677	0	0	0	0	0	0	0	0	0	24,478

(a) Column 13, Line 1.1 includes direct written premium of $ 4,837,469 for stand-alone dental and $ 2,809,918 for stand-alone vision policies.

SUPPLEMENT FOR THE YEAR 2018 OF THE UnitedHealthcare Insurance Company

SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 3

(To Be Filed by April 1 - Not for Rebate Purposes)

REPORT FOR: 1. CORPORATION UnitedHealthcare Insurance Company 2. 185 Asylum Street Hartford, CT 061033408 (LOCATION)

NAIC Group Code 0707 BUSINESS IN THE STATE OF Mississippi DURING THE YEAR 2018 NAIC Company Code 79413

	All Expenses	Improving Health Care Quality Expenses						Claims Adjustment Expenses		9	10
		1 Improve Health Outcomes	2 Activities to Prevent Hospital Readmissions	3 Improve Patient Safety and Reduce Medical Errors	4 Wellness & Health Promotion Activities	5 HIT Expenses	6 Total (1 to 5)	7 Cost Containment Expenses	8 Other Claims Adjustment Expenses	General Administrative Expenses	Total Expenses (6 to 9)
1.	Individual Comprehensive Coverage Expenses:										
	1.1 Salaries (including $ 9,188 for affiliated services)	0	0	0	0	0	0	624	2,509	6,056	9,188
	1.2 Outsourced Services	0	0	0	0	0	0	177	136	331	645
	1.3 EDP Equipment and Software (incl $ 396 for affiliated services)	0	0	0	0	0	0	52	96	248	396
	1.4 Other Equipment (excl. EDP) (incl $ 38 for affiliated services)	0	0	0	0	0	0	5	9	18	32
	1.5 Accreditation and Certification (incl $ 4 for affiliated services)	0	XXX	XXX	XXX	XXX	0	1	1	3	4
	1.6 Other Expenses (incl $ 11,507 for affiliated services)	1,534	0	0	0	0	1,534	1,395	3,049	16,413	22,391
	1.7 Subtotal before Reimbursements and Taxes (Lines 1.1 to 1.6)	1,534	0	0	0	0	1,534	2,254	5,800	23,067	32,655
	1.8 Reimbursements by uninsured plans and fiscal intermediaries	0	0	0	0	0	0	0	0	0	0
	1.9 Taxes, Licenses and Fees (in total, for tying purposes)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1,849	1,849
	1.10 Total (1.7 to 1.9)	1,534	0	0	0	0	1,534	2,254	5,800	24,916	34,504
	1.11 Total Fraud and Abuse Detection/Recovery Expenses included in Column 7 (informational only)	0	0	0	0	0	0	455	0	0	455
2.	Small Group Comprehensive Coverage Expenses:										
	2.1 Salaries (including $ 796,488 for affiliated services)	0	0	0	0	0	0	101,324	173,877	521,288	796,488
	2.2 Outsourced Services	0	0	0	0	0	0	24,024	19,927	52,698	96,648
	2.3 EDP Equipment and Software (incl $ 56,707 for affiliated services)	0	0	0	0	0	0	8,461	14,520	33,726	56,707
	2.4 Other Equipment (excl. EDP) (incl $ 5,443 for affiliated services)	0	0	0	0	0	0	812	1,394	3,237	5,443
	2.5 Accreditation and Certification (incl $ 591 for affiliated services)	0	XXX	XXX	XXX	XXX	0	88	151	352	591
	2.6 Other Expenses (incl $ 1,856,510 for affiliated services)	220,810	0	0	0	0	220,810	233,214	388,887	1,928,820	2,771,731
	2.7 Subtotal before Reimbursements and Taxes (Lines 2.1 to 2.6)	220,810	0	0	0	0	220,810	367,923	598,755	2,540,120	3,727,608
	2.8 Reimbursements by uninsured plans and fiscal intermediaries	0	0	0	0	0	0	0	0	0	0
	2.9 Taxes, Licenses and Fees (in total, for tying purposes)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	778,340	778,340
	2.10 Total (2.7 to 2.9)	220,810	0	0	0	0	220,810	367,923	598,755	3,318,460	4,505,948
	2.11 Total Fraud and Abuse Detection/Recovery Expenses included in Column 7 (informational only)	0	0	0	0	0	0	98,405	0	0	98,405
3.	Large Group Comprehensive Coverage Expenses:										
	3.1 Salaries (including $ 2,988,739 for affiliated services)	0	0	0	0	0	0	401,422	598,778	1,988,540	2,988,739
	3.2 Outsourced Services	0	0	0	0	0	0	8,105	68,621	196,955	273,681
	3.3 EDP Equipment and Software (incl $ 200,677 for affiliated services)	0	0	0	0	0	0	33,521	50,001	117,155	200,677
	3.4 Other Equipment (excl. EDP) (incl $ 19,263 for affiliated services)	0	0	0	0	0	0	3,218	4,799	11,246	19,263
	3.5 Accreditation and Certification (incl $ 2,092 for affiliated services)	0	XXX	XXX	XXX	XXX	0	349	521	1,221	2,092
	3.6 Other Expenses (incl $ 6,670,105 for affiliated services)	988,660	0	0	0	0	988,660	923,422	1,339,206	3,304,528	6,555,815
	3.7 Subtotal before Reimbursements and Taxes (Lines 3.1 to 3.6)	988,660	0	0	0	0	988,660	1,370,036	2,061,926	5,619,645	10,040,266
	3.8 Reimbursements by uninsured plans and fiscal intermediaries	0	0	0	0	0	0	0	0	0	0
	3.9 Taxes, Licenses and Fees (in total, for tying purposes)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	3,459,447	3,459,447
	3.10 Total (3.7 to 3.9)	988,660	0	0	0	0	988,660	1,370,036	2,061,926	9,079,092	13,499,713
	3.11 Total Fraud and Abuse Detection/Recovery Expenses included in Column 7 (informational only)	0	0	0	0	0	0	419,035	0	0	419,035

SUPPLEMENT FOR THE YEAR 2018 OF THE UnitedHealthcare Insurance Company

SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 3 (Continued)

	All Expenses	Improving Health Care Quality Expenses						Claims Adjustment Expenses		9	10
		1 Improve Health Outcomes	2 Activities to Prevent Hospital Readmissions	3 Improve Patient Safety and Reduce Medical Errors	4 Wellness & Health Promotion Activities	5 HIT Expenses	6 Total (1 to 5)	7 Cost Containment Expenses	8 Other Claims Adjustment Expenses	General Administrative Expenses	Total Expenses (6 to 9)
4.	Individual Mini-Med Plans Expenses:										
	4.1 Salaries (including $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	4.2 Outsourced Services	0	0	0	0	0	0	0	0	0	0
	4.3 EDP Equipment and Software (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	4.4 Other Equipment (excl. EDP) (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	4.5 Accreditation and Certification (incl $ 0 for affiliated services)	0	XXX	XXX	XXX	XXX	0	0	0	0	0
	4.6 Other Expenses (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	4.7 Subtotal before Reimbursements and Taxes (Lines 4.1 to 4.6)	0	0	0	0	0	0	0	0	0	0
	4.8 Reimbursements by uninsured plans and fiscal intermediaries	0	0	0	0	0	0	0	0	0	0
	4.9 Taxes, Licenses and Fees (in total, for tying purposes)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0
	4.10 Total (4.7 to 4.9)	0	0	0	0	0	0	0	0	0	0
	4.11 Total Fraud and Abuse Detection/Recovery Expenses included in Column 7 (informational only)	0	0	0	0	0	0	0	0	0	0
5.	Small Group Mini-Med Plans Expenses:										
	5.1 Salaries (including $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	5.2 Outsourced Services	0	0	0	0	0	0	0	0	0	0
	5.3 EDP Equipment and Software (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	5.4 Other Equipment (excl. EDP) (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	5.5 Accreditation and Certification (incl $ 0 for affiliated services)	0	XXX	XXX	XXX	XXX	0	0	0	0	0
	5.6 Other Expenses (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	5.7 Subtotal before Reimbursements and Taxes (Lines 5.1 to 5.6)	0	0	0	0	0	0	0	0	0	0
	5.8 Reimbursements by uninsured plans and fiscal intermediaries	0	0	0	0	0	0	0	0	0	0
	5.9 Taxes, Licenses and Fees (in total, for tying purposes)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0
	5.10 Total (5.7 to 5.9)	0	0	0	0	0	0	0	0	0	0
	5.11 Total Fraud and Abuse Detection/Recovery Expenses included in Column 7 (informational only)	0	0	0	0	0	0	0	0	0	0
6.	Large Group Mini-Med Plans Expenses:										
	6.1 Salaries (including $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	6.2 Outsourced Services	0	0	0	0	0	0	0	0	0	0
	6.3 EDP Equipment and Software (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	6.4 Other Equipment (excl. EDP) (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	6.5 Accreditation and Certification (incl $ 0 for affiliated services)	0	XXX	XXX	XXX	XXX	0	0	0	0	0
	6.6 Other Expenses (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	6.7 Subtotal before Reimbursements and Taxes (Lines 6.1 to 6.6)	0	0	0	0	0	0	0	0	0	0
	6.8 Reimbursements by uninsured plans and fiscal intermediaries	0	0	0	0	0	0	0	0	0	0
	6.9 Taxes, Licenses and Fees (in total, for tying purposes)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0
	6.10 Total (6.7 to 6.9)	0	0	0	0	0	0	0	0	0	0
	6.11 Total Fraud and Abuse Detection/Recovery Expenses included in Column 7 (informational only)	0	0	0	0	0	0	0	0	0	0

SUPPLEMENT FOR THE YEAR 2018 OF THE UnitedHealthcare Insurance Company

SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 3 (Continued)

	All Expenses	Improving Health Care Quality Expenses						Claims Adjustment Expenses		9	10
		1 Improve Health Outcomes	2 Activities to Prevent Hospital Readmissions	3 Improve Patient Safety and Reduce Medical Errors	4 Wellness & Health Promotion Activities	5 HIT Expenses	6 Total (1 to 5)	7 Cost Containment Expenses	8 Other Claims Adjustment Expenses	General Administrative Expenses	Total Expenses (6 to 9)
7.	Small Group Expatriate Plans Expenses:										
	7.1 Salaries (including $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	7.2 Outsourced Services	0	0	0	0	0	0	0	0	0	0
	7.3 EDP Equipment and Software (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	7.4 Other Equipment (excl. EDP) (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	7.5 Accreditation and Certification (incl $ 0 for affiliated services)	0	XXX	XXX	XXX	XXX	0	0	0	0	0
	7.6 Other Expenses (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	7.7 Subtotal before Reimbursements and Taxes (Lines 7.1 to 7.6)	0	0	0	0	0	0	0	0	0	0
	7.8 Reimbursements by uninsured plans and fiscal intermediaries	0	0	0	0	0	0	0	0	0	0
	7.9 Taxes, Licenses and Fees (in total, for tying purposes)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0
	7.10 Total (7.7 to 7.9)	0	0	0	0	0	0	0	0	0	0
	7.11 Total Fraud and Abuse Detection/Recovery Expenses included in Column 7 (informational only)	0	0	0	0	0	0	0	0	0	0
8.	Large Group Expatriate Plans Expenses:										
	8.1 Salaries (including $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	8.2 Outsourced Services	0	0	0	0	0	0	0	0	0	0
	8.3 EDP Equipment and Software (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	8.4 Other Equipment (excl. EDP) (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	8.5 Accreditation and Certification (incl $ 0 for affiliated services)	0	XXX	XXX	XXX	XXX	0	0	0	0	0
	8.6 Other Expenses (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	8.7 Subtotal before Reimbursements and Taxes (Lines 8.1 to 8.6)	0	0	0	0	0	0	0	0	0	0
	8.8 Reimbursements by uninsured plans and fiscal intermediaries	0	0	0	0	0	0	0	0	0	0
	8.9 Taxes, Licenses and Fees (in total, for tying purposes)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0
	8.10 Total (8.7 to 8.9)	0	0	0	0	0	0	0	0	0	0
	8.11 Total Fraud and Abuse Detection/Recovery Expenses included in Column 7 (informational only)	0	0	0	0	0	0	0	0	0	0
9.	Student Health Plans Expenses:										
	9.1 Salaries (including $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	9.2 Outsourced Services	0	0	0	0	0	0	0	0	0	0
	9.3 EDP Equipment and Software (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	9.4 Other Equipment (excl. EDP) (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	9.5 Accreditation and Certification (incl $ 0 for affiliated services)	0	XXX	XXX	XXX	XXX	0	0	0	0	0
	9.6 Other Expenses (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	9.7 Subtotal before Reimbursements and Taxes (Lines 9.1 to 9.6)	0	0	0	0	0	0	0	0	0	0
	9.8 Reimbursements by uninsured plans and fiscal intermediaries	0	0	0	0	0	0	0	0	0	0
	9.9 Taxes, Licenses and Fees (in total, for tying purposes)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0
	9.10 Total (9.7 to 9.9)	0	0	0	0	0	0	0	0	0	0
	9.11 Total Fraud and Abuse Detection/Recovery Expenses included in Column 7 (informational only)	0	0	0	0	0	0	0	0	0	0

SUPPLEMENT FOR THE YEAR 2018 OF THE UnitedHealthcare Insurance Company

SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 1

(To Be Filed by April 1 - Not for Rebate Purposes - See Cautionary Statement at http://www.naic.org/documents/committees_e_app_blanks_related_shce_cautionary_statement.pdf)

REPORT FOR: 1. CORPORATION UnitedHealthcare Insurance Company 2. 185 Asylum Street Hartford, CT 061033408 (LOCATION)

NAIC Group Code 0707 BUSINESS IN THE STATE OF Missouri DURING THE YEAR 2018 NAIC Company Code 79413

	Business Subject to MLR								9	10	11	12	13	14	15
	Comprehensive Health Coverage			Mini-Med Plans			Expatriate Plans								
	1 Individual	2 Small Group Employer	3 Large Group Employer	4 Individual	5 Small Group Employer	6 Large Group Employer	7 Small Group	8 Large Group	Student Health Plans	Government Business (excluded by statute)	Other Health Business	Medicare Advantage Part C and Medicare Part D Stand-Alone Subject to ACA	Subtotal (Cols. 1 through 12)	Uninsured Plans	Total 13 + 14
1. Premium:															
1.1 Health premiums earned (From Part 2, Line 1.11)	4,706,016	439,170,371	652,982,074	0	0	0	0	0	0	0	252,159,334	210,272,444	1,559,290,239	XXX	1,559,290,239
1.2 Federal high risk pools	0	0	0	0	0	0	0	0	0	0	0	0	0	XXX	0
1.3 State high risk pools	(835)	(11,148)	(60,936)	0	0	0	0	0	0	0	106,916	0	33,997	XXX	33,997
1.4 Premiums earned including state and federal high risk programs (Lines 1.1 + 1.2 + 1.3)	4,705,181	439,159,223	652,921,138	0	0	0	0	0	0	0	252,266,250	210,272,444	1,559,324,235	XXX	1,559,324,235
1.5 Federal taxes and federal assessments	73,517	23,793,081	21,957,425	0	0	0	0	0	0	2,639,926	4,306,528	6,821,622	59,592,099	285,821	59,877,920
1.6 State insurance, premium and other taxes (Similar local taxes of $ 172,664)	10,867	1,179,683	2,396,764	0	0	0	0	0	0	(6,702)	3,759,641	22,778	7,363,030	0	7,363,030
1.6a Community Benefit Expenditures (informational only)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
1.7 Regulatory authority licenses and fees	355	4,759	19,163	0	0	0	0	0	0	0	(45,951)	0	(21,674)	0	(21,674)
1.8 Adjusted Premiums Earned (Lines 1.4 - 1.5 - 1.6 - 1.7)	4,620,441	414,181,700	628,547,786	0	0	0	0	0	0	(2,633,223)	244,246,032	203,428,044	1,492,390,780	XXX	1,492,104,959
1.9 Net Assumed less Ceded reinsurance premiums earned	10,754	0	(80,831,629)	0	0	0	0	0	0	317,900,563	(274,423)	3,341,596	240,146,861	XXX	240,146,861
1.10 Other Adjustments due to MLR calculations - Premiums	0	128,881	474,867	0	0	0	0	0	0	0	10,869	1,974,521	2,589,139	XXX	2,589,139
1.11 Risk Revenue	0	0	0	0	0	0	0	0	0	0	0	0	0	XXX	0
1.12 Net adjusted premiums earned after reinsurance (Lines 1.8 + 1.9 + 1.10 + 1.11)	4,631,195	414,310,581	548,191,024	0	0	0	0	0	0	315,267,340	243,982,478	208,744,162	1,735,126,781	XXX	1,734,840,959
2. Claims:															
2.1 Incurred claims excluding prescription drugs	3,021,727	261,461,021	459,700,479	0	0	0	0	0	0	0	179,679,647	101,964,612	1,005,827,485	XXX	1,005,827,485
2.2 Prescription drugs	1,382,970	82,422,836	118,551,352	0	0	0	0	0	0	0	12,546,589	145,627,737	360,531,484	XXX	360,531,484
2.3 Pharmaceutical rebates	428,495	26,718,539	40,155,115	0	0	0	0	0	0	0	179,493	79,719,326	147,200,968	XXX	147,200,968
2.4 State stop loss, market stabilization and claim/census based assessments (informational only)	5	99,315	199,369	0	0	0	0	0	0	0	98	0	298,787	XXX	298,787
3. Incurred medical incentive pools and bonuses	0	83,412	245,800	0	0	0	0	0	0	0	0	1,407,019	1,736,230	XXX	1,736,230
4. Deductible Fraud and Abuse Detection/Recovery Expenses (for MLR use only)	1	13,231	101,928	0	0	0	0	0	0	0	0	4,757	119,916	0	119,916
5. 5.0 Total Incurred Claims (Lines 2.1 + 2.2 - 2.3 + 3) (From Part 2, Line 2.15)	3,976,202	317,248,729	538,342,516	0	0	0	0	0	0	0	192,046,744	169,280,041	1,220,894,231	XXX	1,220,894,231
5.1 Net Assumed less Ceded reinsurance claims incurred	230	(15)	(67,290,282)	0	0	0	0	0	0	272,183,054	995,458	(241,244)	205,647,201	XXX	205,647,201
5.2 Other Adjustments due to MLR calculations - Claims	0	(17,523,218)	0	0	0	0	0	0	0	0	0	0	(17,523,218)	XXX	(17,523,218)
5.3 Rebates paid	0	7,850,128	0	0	0	0	0	0	0	XXX	XXX	0	7,850,128	XXX	7,850,128
5.4 Estimated rebates unpaid prior year	0	3,661,798	0	0	0	0	0	0	0	XXX	XXX	0	3,661,798	XXX	3,661,798
5.5 Estimated rebates unpaid current year	0	13,334,887	0	0	0	0	0	0	0	XXX	XXX	0	13,334,887	XXX	13,334,887
5.6 Fee for service and co-pay revenue	0	0	0	0	0	0	0	0	0	0	0	0	0	XXX	0
5.7 Net incurred claims after reinsurance (Lines 5.0 + 5.1 + 5.2 + 5.3 - 5.4 + 5.5 - 5.6)	3,976,431	317,248,713	471,052,234	0	0	0	0	0	0	272,183,054	193,042,202	169,038,798	1,426,541,432	XXX	1,426,541,432
6. Improving Health Care Quality Expenses Incurred:															
6.1 Improve health outcomes	37,648	3,513,363	5,223,857	0	0	0	0	0	0	0	506,759	969,592	10,251,219	0	10,251,219
6.2 Activities to prevent hospital readmissions	0	0	0	0	0	0	0	0	0	0	235,673	277,857	513,530	0	513,530
6.3 Improve patient safety and reduce medical errors	0	0	0	0	0	0	0	0	0	0	184,029	481,878	665,907	0	665,907
6.4 Wellness and health promotion activities	0	0	0	0	0	0	0	0	0	0	1,443,459	363,542	1,807,001	0	1,807,001
6.5 Health Information Technology expenses related to health improvement	0	0	0	0	0	0	0	0	0	0	116,193	681,153	797,346	0	797,346
6.6 Total of Defined Expenses Incurred for Improving Health Care Quality (Lines 6.1+6.2+6.3+6.4+6.5)	37,648	3,513,363	5,223,857	0	0	0	0	0	0	0	2,486,113	2,774,022	14,035,003	0	14,035,003
7. Preliminary Medical Loss Ratio: MLR ((Lines 4 + 5.0 + 6.6 - Footnote 2.0)/Line 1.8	0.869	0.774	0.865	0.000	0.000	0.000	0.000	0.000	0.000	XXX	XXX	0.846	XXX	XXX	XXX
8. Claims Adjustment Expenses:															
8.1 Cost containment expenses not included in quality of care expenses in Line 6.6	47,757	4,881,813	7,925,307	0	0	0	0	0	0	0	316,218	2,686,050	15,857,145	0	15,857,145
8.2 All other claims adjustment expenses	84,010	7,210,053	10,560,287	0	0	0	0	0	0	0	3,149,148	8,085,613	29,089,112	0	29,089,112
8.3 Total claims adjustment expenses (Lines 8.1 + 8.2)	131,767	12,091,867	18,485,594	0	0	0	0	0	0	0	3,465,367	10,771,663	44,946,257	0	44,946,257
9. Claims Adjustment Expense Ratio (Line 8.3/Line 1.8)	0.029	0.029	0.029	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.014	0.053	XXX	XXX	XXX

SUPPLEMENT FOR THE YEAR 2018 OF THE UnitedHealthcare Insurance Company

SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 1 (Continued)

	Business Subject to MLR									10	11	12	13	14	15
	Comprehensive Health Coverage			Mini-Med Plans			Expatriate Plans		9						
	1 Individual	2 Small Group Employer	3 Large Group Employer	4 Individual	5 Small Group Employer	6 Large Group Employer	7 Small Group	8 Large Group	Student Health Plans	Government Business (excluded by statute)	Other Health Business	Medicare Advantage Part C and Medicare Part D Stand-Alone Subject to ACA	Subtotal (Cols. 1 through 12)	Uninsured Plans	Total 13 + 14
10. General and Administrative (G&A) Expenses:															
10.1 Direct sales salaries and benefits	16,316	1,617,283	3,126,750	0	0	0	0	0	0	0	417,147	392,144	5,569,639	0	5,569,639
10.2 Agents and brokers fees and commissions	129,159	13,541,917	3,141,891	0	0	0	0	0	0	0	8,838,662	3,481,075	29,132,704	0	29,132,704
10.3 Other taxes (excluding taxes on Lines 1.5 through 1.7 and Line 14 below)	(539)	502,007	826,604	0	0	0	0	0	0	0	416,204	323,655	2,067,931	0	2,067,931
10.4 Other general and administrative expenses	266,332	23,231,789	23,408,808	0	0	0	0	0	0	32,474,499	21,311,404	14,225,797	114,918,628	0	114,918,629
10.4a Community Benefit Expenditures (informational only)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
10.5 Total general and administrative (Lines 10.1 +10.2 + 10.3 + 10.4)	411,268	38,892,996	30,504,053	0	0	0	0	0	0	32,474,499	30,983,417	18,422,670	151,688,903	0	151,688,903
11. Underwriting Gain/(Loss) (Lines 1.12 - 5.7 - 6.6 - 8.3 - 10.5)	74,080	42,563,642	22,925,287	0	0	0	0	0	0	10,609,787	14,005,380	7,737,010	97,915,186	XXX	97,629,364
12. Income from fees of uninsured plans	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0
13. Net investment and other gain/(loss)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	24,015,214	XXX	24,015,214
14. Federal income taxes (excluding taxes on Line 1.5 above)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	(2,322,119)	XXX	(2,322,119)
15. Net gain or (loss) (Lines 11 + 12 + 13 - 14)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	124,252,519	XXX	123,966,698
16. ICD-10 Implementation Expenses (informational only; already included in general expenses and line 10.4)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
16. 16a ICD-10 Implementation Expenses (informational only; already included in line 10.4)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
OTHER INDICATORS:															
1. Number of certificates/policies	473	45,121	81,387	0	0	0	0	0	0	0	183,064	84,588	394,633	0	394,633
2. Number of Covered Lives	841	75,245	136,639	0	0	0	0	0	0	0	261,435	84,588	558,748	0	558,748
3. Number of Groups	XXX	7,822	1,364	XXX	0	0	0	0	0	0	4,657	5	13,848	0	13,848
4. Member Months	9,751	905,727	1,609,118	0	0	0	0	0	0	0	3,181,411	1,031,038	6,737,045	0	6,737,045

Is run off business reported in Columns 1 through 9 or 12? Yes [ ] No [ ] If yes, show the amount of premiums and claims included. Premiums $ 0 Claims $ 0

216-2.MO

AFFORDABLE CARE ACT (ACA) RECEIPTS, PAYMENTS, RECEIVABLES and PAYABLES

	Current Year Comprehensive Health Coverage		Prior Year Comprehensive Health Coverage	
	1 Individual Plans	2 Small Group Employer Plans	3 Individual Plans	4 Small Group Employer Plans
ACA Receivables and Payables				
1. Permanent ACA Risk Adjustment Program 1.0 Premium adjustments receivable/(payable)	(298,755)	(402,839)	(710,453)	601,322
2. Transitional ACA Reinsurance Program 2.0 Total amounts recoverable for claims (paid & unpaid)	0	XXX	0	XXX
3. Temporary ACA Risk Corridors Program 3.1 Accrued retrospective premium	0	0	0	0
3.2 Reserve for rate credits or policy experience refunds	0	0	0	0
ACA Receipts and Payments				
4. Permanent ACA Risk Adjustment Program 4.0 Premium adjustments receipts/(payments)	(589,792)	3,885,379	(492,755)	6,818,482
5. Transitional ACA Reinsurance Program 5.0 Amounts received for claims	0	XXX	0	XXX
6. Temporary ACA Risk Corridors Program 6.1 Retrospective premium received	0	0	0	0
6.2 Rate credits or policy experience refunds paid	0	0	0	0

SUPPLEMENT FOR THE YEAR 2018 OF THE UnitedHealthcare Insurance Company

SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 2

(To Be Filed by April 1 - Not for Rebate Purposes)

REPORT FOR: 1. CORPORATION UnitedHealthcare Insurance Company 2. 185 Asylum Street Hartford, CT 061033408 (LOCATION)

NAIC Group Code 0707 BUSINESS IN THE STATE OF Missouri DURING THE YEAR 2018 NAIC Company Code 79413

	Business Subject to MLR									10	11	12	13
	Comprehensive Health Coverage			Mini-Med Plans			Expatriate Plans:		9				
	1	2	3	4	5	6	7	8					
	Individual	Small Group Employer	Large Group Employer	Individual	Small Group Employer	Large Group Employer	Small Group	Large Group	Student Health Plans	Government Business (excluded by statute)	Other Health Business	Medicare Advantage Part C and Medicare Part D Stand-Alone Subject to ACA	Total (a)
1. Health Premiums Earned:													
1.1 Direct premiums written	4,706,016	439,228,911	653,436,492	0	0	0	0	0	0	0	252,796,578	212,246,965	1,562,414,962
1.2 Unearned premium prior year	0	114,783	10,325	0	0	0	0	0	0	0	(17,447)	0	107,661
1.3 Unearned premium current year	0	44,441	(10,125)	0	0	0	0	0	0	0	608,928	0	643,245
1.4 Change in unearned premium (Lines 1.2 - 1.3)	0	70,342	20,449	0	0	0	0	0	0	0	(626,375)	0	(535,584)
1.5 Paid rate credits	(3,218)	7,850,128	528,885	0	0	0	0	0	0	0	2,520,420	5,735,453	16,631,667
1.6 Reserve for rate credits current year	0	13,334,887	287,199	0	0	0	0	0	0	0	1,140,875	833,183	15,596,145
1.7 Reserve for rate credits prior year	0	3,661,798	415,789	0	0	0	0	0	0	0	1,292,593	5,808,286	11,178,466
1.8 Change in reserve for rate credits (Lines 1.6 - 1.7)	0	9,673,089	(128,590)	0	0	0	0	0	0	0	(151,718)	(4,975,103)	4,417,679
1.9 Premium balances written off	0	128,881	474,867	0	0	0	0	0	0	0	10,869	1,974,521	2,589,139
1.10 Group conversion charge	0	0	0	0	0	0	0	0	0	0	0	0	0
1.11 Total direct premiums earned (Lines 1.1 + 1.4 - 1.9 + 1.10)	4,706,016	439,170,371	652,982,074	0	0	0	0	0	0	0	252,159,334	210,272,444	1,559,290,239
1.12 Assumed premiums earned from non-affiliates	0	0	0	0	0	0	0	0	0	0	0	0	0
1.13 Net Assumed less Ceded premiums earned from affiliates	10,754	0	0	0	0	0	0	0	0	317,900,563	0	3,341,596	321,252,913
1.14 Ceded premiums earned to non-affiliates	0	0	80,831,629	0	0	0	0	0	0	0	274,423	0	81,106,052
1.15 Other Adjustments due to MLR calculation - Premiums	0	128,881	474,867	0	0	0	0	0	0	0	10,869	1,974,521	2,589,139
1.16 Net premiums earned (Lines 1.11 - 1.5 - 1.8 + 1.12 + 1.13 - 1.14 + 1.15)	4,719,988	421,776,035	572,225,017	0	0	0	0	0	0	317,900,563	249,527,078	214,828,211	1,780,976,893
2. Direct Claims Incurred:													
2.1 Paid claims during the year	4,073,035	299,371,246	531,359,870	0	0	0	0	0	0	(562,367)	188,138,756	167,217,328	1,189,597,867
2.2 Direct claim liability current year	64,241	39,557,601	62,743,935	0	0	0	0	0	0	606,076	23,825,573	18,105,474	144,902,901
2.3 Direct claim liability prior year	50,401	37,820,679	56,703,311	0	0	0	0	0	0	43,709	24,487,563	17,666,819	136,772,482
2.4 Direct claim reserves current year	6,153	924,327	1,616,899	0	0	0	0	0	0	0	10,311,438	21,727	12,880,543
2.5 Direct claim reserves prior year	5,731	796,842	1,414,477	0	0	0	0	0	0	0	12,389,607	15,164	14,621,821
2.6 Direct contract reserves current year	337,270	0	0	0	0	0	0	0	0	0	66,835,659	0	67,172,929
2.7 Direct contract reserves prior year	440,048	0	0	0	0	0	0	0	0	0	62,529,855	0	62,969,903
2.8 Paid rate credits	(3,218)	7,850,128	528,885	0	0	0	0	0	0	0	2,520,420	5,735,453	16,631,667
2.9 Reserve for rate credits current year	0	13,334,887	287,199	0	0	0	0	0	0	0	1,140,875	833,183	15,596,145
2.10 Reserve for rate credits prior year	0	3,661,798	415,789	0	0	0	0	0	0	0	1,292,593	5,808,286	11,178,466
2.11 Incurred medical incentive pools and bonuses (Lines 2.11a + 2.11b - 2.11c)	0	83,412	245,800	0	0	0	0	0	0	0	0	1,407,019	1,736,230
2.11a Paid medical incentive pools and bonuses current year	0	89,651	241,141	0	0	0	0	0	0	0	1,667	993,777	1,326,235
2.11b Accrued medical incentive pools and bonuses current year	0	261,761	930,322	0	0	0	0	0	0	0	0	803,373	1,995,456
2.11c Accrued medical incentive pools and bonuses prior year	0	268,000	925,663	0	0	0	0	0	0	0	1,667	390,131	1,585,461
2.12 Net healthcare receivables (Lines 2.12a - 2.12b)	5,098	1,593,554	(93,504)	0	0	0	0	0	0	0	26,359	549,872	2,081,379
2.12a Healthcare receivables current year	5,098	11,572,234	15,734,847	0	0	0	0	0	0	0	77,462	28,845,133	56,234,774
2.12b Healthcare receivables prior year	0	9,978,680	15,828,351	0	0	0	0	0	0	0	51,103	28,295,261	54,153,395
2.13 Group conversion charge	0	0	0	0	0	0	0	0	0	0	0	0	0
2.14 Multi-option coverage blended rate adjustment	0	0	0	0	0	0	0	0	0	0	0	0	0
2.15 Total incurred claims (Lines 2.1 + 2.2 - 2.3 + 2.4 - 2.5 + 2.6 - 2.7 + 2.8 + 2.9 - 2.10 + 2.11 - 2.12 + 2.13 + 2.14)	3,976,202	317,248,729	538,342,516	0	0	0	0	0	0	0	192,046,744	169,280,041	1,220,894,231
2.16 Assumed incurred claims from non-affiliates	0	0	10,379	0	0	0	0	0	0	0	49	0	10,428
2.17 Net assumed less ceded incurred claims from affiliates	230	(15)	(57,366)	0	0	0	0	0	0	272,183,054	0	(241,244)	271,884,659
2.18 Ceded incurred claims to non-affiliates	0	0	67,243,295	0	0	0	0	0	0	0	(995,409)	0	66,247,887
2.19 Other adjustments due to MLR calculation - Claims	0	0	0	0	0	0	0	0	0	0	0	0	0
2.20 Net Incurred Claims (Lines 2.15 - 2.8 - 2.9 + 2.10 + 2.16 + 2.17 - 2.18 + 2.19)	3,979,650	299,725,496	470,651,939	0	0	0	0	0	0	272,183,054	190,673,499	168,278,447	1,405,492,085
3. Fraud and Abuse Recoveries that Reduced PAID Claims in Line 2.1 above (informational only)	1	13,231	101,928	0	0	0	0	0	0	0	0	4,757	119,916

(a) Column 13, Line 1.1 includes direct written premium of $ 14,692,323 for stand-alone dental and $ 5,224,693 for stand-alone vision policies.

SUPPLEMENT FOR THE YEAR 2018 OF THE UnitedHealthcare Insurance Company

SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 3

(To Be Filed by April 1 - Not for Rebate Purposes)

REPORT FOR: 1. CORPORATION UnitedHealthcare Insurance Company 2. 185 Asylum Street Hartford, CT 061033408 (LOCATION)

NAIC Group Code 0707 BUSINESS IN THE STATE OF Missouri DURING THE YEAR 2018 NAIC Company Code 79413

	All Expenses	Improving Health Care Quality Expenses						Claims Adjustment Expenses		9	10
		1 Improve Health Outcomes	2 Activities to Prevent Hospital Readmissions	3 Improve Patient Safety and Reduce Medical Errors	4 Wellness & Health Promotion Activities	5 HIT Expenses	6 Total (1 to 5)	7 Cost Containment Expenses	8 Other Claims Adjustment Expenses	General Administrative Expenses	Total Expenses (6 to 9)
1.	Individual Comprehensive Coverage Expenses:										
	1.1 Salaries (including $ 127,161 for affiliated services)	0	0	0	0	0	0	13,417	26,191	87,553	127,161
	1.2 Outsourced Services	0	0	0	0	0	0	1,571	2,586	7,404	11,561
	1.3 EDP Equipment and Software (incl $ 8,409 for affiliated services)	0	0	0	0	0	0	1,120	1,875	5,414	8,409
	1.4 Other Equipment (excl. EDP) (incl $ 807 for affiliated services)	0	0	0	0	0	0	108	180	502	790
	1.5 Accreditation and Certification (incl $ 88 for affiliated services)	0	XXX	XXX	XXX	XXX	0	12	20	56	88
	1.6 Other Expenses (incl $ 261,319 for affiliated services)	37,648	0	0	0	0	37,648	30,009	51,539	309,724	428,920
	1.7 Subtotal before Reimbursements and Taxes (Lines 1.1 to 1.6)	37,648	0	0	0	0	37,648	46,236	82,391	410,653	576,928
	1.8 Reimbursements by uninsured plans and fiscal intermediaries	0	0	0	0	0	0	0	0	0	0
	1.9 Taxes, Licenses and Fees (in total, for tying purposes)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	14,977	14,977
	1.10 Total (1.7 to 1.9)	37,648	0	0	0	0	37,648	46,236	82,391	425,630	591,906
	1.11 Total Fraud and Abuse Detection/Recovery Expenses included in Column 7 (informational only)	0	0	0	0	0	0	13,124	0	0	13,124
2.	Small Group Comprehensive Coverage Expenses:										
	2.1 Salaries (including $ 10,804,666 for affiliated services)	0	0	0	0	0	0	1,277,246	2,047,183	7,480,236	10,804,666
	2.2 Outsourced Services	0	0	0	0	0	0	391,758	234,611	803,254	1,429,623
	2.3 EDP Equipment and Software (incl $ 772,046 for affiliated services)	0	0	0	0	0	0	106,656	170,949	494,441	772,046
	2.4 Other Equipment (excl. EDP) (incl $ 74,107 for affiliated services)	0	0	0	0	0	0	10,238	16,409	47,460	74,107
	2.5 Accreditation and Certification (incl $ 8,047 for affiliated services)	0	XXX	XXX	XXX	XXX	0	1,112	1,782	5,153	8,047
	2.6 Other Expenses (incl $ 24,649,549 for affiliated services)	3,513,363	0	0	0	0	3,513,363	2,944,072	4,578,661	29,446,074	40,482,169
	2.7 Subtotal before Reimbursements and Taxes (Lines 2.1 to 2.6)	3,513,363	0	0	0	0	3,513,363	4,731,081	7,049,595	38,276,618	53,570,657
	2.8 Reimbursements by uninsured plans and fiscal intermediaries	0	0	0	0	0	0	0	0	0	0
	2.9 Taxes, Licenses and Fees (in total, for tying purposes)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	2,112,010	2,112,010
	2.10 Total (2.7 to 2.9)	3,513,363	0	0	0	0	3,513,363	4,731,081	7,049,595	40,388,628	55,682,668
	2.11 Total Fraud and Abuse Detection/Recovery Expenses included in Column 7 (informational only)	0	0	0	0	0	0	1,301,590	0	0	1,301,590
3.	Large Group Comprehensive Coverage Expenses:										
	3.1 Salaries (including $ 14,887,248 for affiliated services)	0	0	0	0	0	0	2,059,912	3,002,892	9,824,444	14,887,248
	3.2 Outsourced Services	0	0	0	0	0	0	687,690	344,137	1,092,855	2,124,683
	3.3 EDP Equipment and Software (incl $ 991,446 for affiliated services)	0	0	0	0	0	0	172,012	250,756	568,678	991,446
	3.4 Other Equipment (excl. EDP) (incl $ 95,167 for affiliated services)	0	0	0	0	0	0	16,511	24,070	54,586	95,167
	3.5 Accreditation and Certification (incl $ 10,333 for affiliated services)	0	XXX	XXX	XXX	XXX	0	1,793	2,613	5,927	10,333
	3.6 Other Expenses (incl $ 33,233,123 for affiliated services)	5,223,857	0	0	0	0	5,223,857	4,742,507	6,716,167	17,921,433	34,603,964
	3.7 Subtotal before Reimbursements and Taxes (Lines 3.1 to 3.6)	5,223,857	0	0	0	0	5,223,857	7,680,425	10,340,635	29,467,925	52,712,841
	3.8 Reimbursements by uninsured plans and fiscal intermediaries	0	0	0	0	0	0	(1,502)	64	84	(1,354)
	3.9 Taxes, Licenses and Fees (in total, for tying purposes)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	3,917,943	3,917,943
	3.10 Total (3.7 to 3.9)	5,223,857	0	0	0	0	5,223,857	7,678,923	10,340,699	33,385,951	56,629,430
	3.11 Total Fraud and Abuse Detection/Recovery Expenses included in Column 7 (informational only)	0	0	0	0	0	0	2,252,277	0	0	2,252,277

SUPPLEMENT FOR THE YEAR 2018 OF THE UnitedHealthcare Insurance Company

SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 3 (Continued)

	All Expenses	Improving Health Care Quality Expenses						Claims Adjustment Expenses		9	10
		1 Improve Health Outcomes	2 Activities to Prevent Hospital Readmissions	3 Improve Patient Safety and Reduce Medical Errors	4 Wellness & Health Promotion Activities	5 HIT Expenses	6 Total (1 to 5)	7 Cost Containment Expenses	8 Other Claims Adjustment Expenses	General Administrative Expenses	Total Expenses (6 to 9)
4.	Individual Mini-Med Plans Expenses:										
	4.1 Salaries (including $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	4.2 Outsourced Services	0	0	0	0	0	0	0	0	0	0
	4.3 EDP Equipment and Software (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	4.4 Other Equipment (excl. EDP) (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	4.5 Accreditation and Certification (incl $ 0 for affiliated services)	0	XXX	XXX	XXX	XXX	0	0	0	0	0
	4.6 Other Expenses (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	4.7 Subtotal before Reimbursements and Taxes (Lines 4.1 to 4.6)	0	0	0	0	0	0	0	0	0	0
	4.8 Reimbursements by uninsured plans and fiscal intermediaries	0	0	0	0	0	0	0	0	0	0
	4.9 Taxes, Licenses and Fees (in total, for tying purposes)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0
	4.10 Total (4.7 to 4.9)	0	0	0	0	0	0	0	0	0	0
	4.11 Total Fraud and Abuse Detection/Recovery Expenses included in Column 7 (informational only)	0	0	0	0	0	0	0	0	0	0
5.	Small Group Mini-Med Plans Expenses:										
	5.1 Salaries (including $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	5.2 Outsourced Services	0	0	0	0	0	0	0	0	0	0
	5.3 EDP Equipment and Software (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	5.4 Other Equipment (excl. EDP) (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	5.5 Accreditation and Certification (incl $ 0 for affiliated services)	0	XXX	XXX	XXX	XXX	0	0	0	0	0
	5.6 Other Expenses (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	5.7 Subtotal before Reimbursements and Taxes (Lines 5.1 to 5.6)	0	0	0	0	0	0	0	0	0	0
	5.8 Reimbursements by uninsured plans and fiscal intermediaries	0	0	0	0	0	0	0	0	0	0
	5.9 Taxes, Licenses and Fees (in total, for tying purposes)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0
	5.10 Total (5.7 to 5.9)	0	0	0	0	0	0	0	0	0	0
	5.11 Total Fraud and Abuse Detection/Recovery Expenses included in Column 7 (informational only)	0	0	0	0	0	0	0	0	0	0
6.	Large Group Mini-Med Plans Expenses:										
	6.1 Salaries (including $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	6.2 Outsourced Services	0	0	0	0	0	0	0	0	0	0
	6.3 EDP Equipment and Software (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	6.4 Other Equipment (excl. EDP) (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	6.5 Accreditation and Certification (incl $ 0 for affiliated services)	0	XXX	XXX	XXX	XXX	0	0	0	0	0
	6.6 Other Expenses (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	6.7 Subtotal before Reimbursements and Taxes (Lines 6.1 to 6.6)	0	0	0	0	0	0	0	0	0	0
	6.8 Reimbursements by uninsured plans and fiscal intermediaries	0	0	0	0	0	0	0	0	0	0
	6.9 Taxes, Licenses and Fees (in total, for tying purposes)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0
	6.10 Total (6.7 to 6.9)	0	0	0	0	0	0	0	0	0	0
	6.11 Total Fraud and Abuse Detection/Recovery Expenses included in Column 7 (informational only)	0	0	0	0	0	0	0	0	0	0

SUPPLEMENT FOR THE YEAR 2018 OF THE UnitedHealthcare Insurance Company

SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 3 (Continued)

	All Expenses	Improving Health Care Quality Expenses						Claims Adjustment Expenses		9	10
		1 Improve Health Outcomes	2 Activities to Prevent Hospital Readmissions	3 Improve Patient Safety and Reduce Medical Errors	4 Wellness & Health Promotion Activities	5 HIT Expenses	6 Total (1 to 5)	7 Cost Containment Expenses	8 Other Claims Adjustment Expenses	General Administrative Expenses	Total Expenses (6 to 9)
7.	Small Group Expatriate Plans Expenses:										
	7.1 Salaries (including $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	7.2 Outsourced Services	0	0	0	0	0	0	0	0	0	0
	7.3 EDP Equipment and Software (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	7.4 Other Equipment (excl. EDP) (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	7.5 Accreditation and Certification (incl $ 0 for affiliated services)	0	XXX	XXX	XXX	XXX	0	0	0	0	0
	7.6 Other Expenses (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	7.7 Subtotal before Reimbursements and Taxes (Lines 7.1 to 7.6)	0	0	0	0	0	0	0	0	0	0
	7.8 Reimbursements by uninsured plans and fiscal intermediaries	0	0	0	0	0	0	0	0	0	0
	7.9 Taxes, Licenses and Fees (in total, for tying purposes)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0
	7.10 Total (7.7 to 7.9)	0	0	0	0	0	0	0	0	0	0
	7.11 Total Fraud and Abuse Detection/Recovery Expenses included in Column 7 (informational only)	0	0	0	0	0	0	0	0	0	0
8.	Large Group Expatriate Plans Expenses:										
	8.1 Salaries (including $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	8.2 Outsourced Services	0	0	0	0	0	0	0	0	0	0
	8.3 EDP Equipment and Software (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	8.4 Other Equipment (excl. EDP) (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	8.5 Accreditation and Certification (incl $ 0 for affiliated services)	0	XXX	XXX	XXX	XXX	0	0	0	0	0
	8.6 Other Expenses (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	8.7 Subtotal before Reimbursements and Taxes (Lines 8.1 to 8.6)	0	0	0	0	0	0	0	0	0	0
	8.8 Reimbursements by uninsured plans and fiscal intermediaries	0	0	0	0	0	0	0	0	0	0
	8.9 Taxes, Licenses and Fees (in total, for tying purposes)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0
	8.10 Total (8.7 to 8.9)	0	0	0	0	0	0	0	0	0	0
	8.11 Total Fraud and Abuse Detection/Recovery Expenses included in Column 7 (informational only)	0	0	0	0	0	0	0	0	0	0
9.	Student Health Plans Expenses:										
	9.1 Salaries (including $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	9.2 Outsourced Services	0	0	0	0	0	0	0	0	0	0
	9.3 EDP Equipment and Software (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	9.4 Other Equipment (excl. EDP) (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	9.5 Accreditation and Certification (incl $ 0 for affiliated services)	0	XXX	XXX	XXX	XXX	0	0	0	0	0
	9.6 Other Expenses (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	9.7 Subtotal before Reimbursements and Taxes (Lines 9.1 to 9.6)	0	0	0	0	0	0	0	0	0	0
	9.8 Reimbursements by uninsured plans and fiscal intermediaries	0	0	0	0	0	0	0	0	0	0
	9.9 Taxes, Licenses and Fees (in total, for tying purposes)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0
	9.10 Total (9.7 to 9.9)	0	0	0	0	0	0	0	0	0	0
	9.11 Total Fraud and Abuse Detection/Recovery Expenses included in Column 7 (informational only)	0	0	0	0	0	0	0	0	0	0



SUPPLEMENT FOR THE YEAR 2018 OF THE UnitedHealthcare Insurance Company

SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 1

(To Be Filed by April 1 - Not for Rebate Purposes - See Cautionary Statement at http://www.naic.org/documents/committees_e_app_blanks_related_shce_cautionary_statement.pdf)

REPORT FOR: 1. CORPORATION UnitedHealthcare Insurance Company 2. 185 Asylum Street Hartford, CT 061033408 (LOCATION)

NAIC Group Code 0707 BUSINESS IN THE STATE OF Montana DURING THE YEAR 2018 NAIC Company Code 79413

	Business Subject to MLR									10	11	12	13	14	15
	Comprehensive Health Coverage			Mini-Med Plans			Expatriate Plans		9						
	1 Individual	2 Small Group Employer	3 Large Group Employer	4 Individual	5 Small Group Employer	6 Large Group Employer	7 Small Group	8 Large Group	Student Health Plans	Government Business (excluded by statute)	Other Health Business	Medicare Advantage Part C and Medicare Part D Stand-Alone Subject to ACA	Subtotal (Cols. 1 through 12)	Uninsured Plans	Total 13 + 14
1. Premium:															
1.1 Health premiums earned (From Part 2, Line 1.11)	49,212	334,649	618,080	0	0	0	0	0	0	0	28,582,584	11,941,567	41,526,092	XXX	41,526,092
1.2 Federal high risk pools	0	0	0	0	0	0	0	0	0	0	0	0	0	XXX	0
1.3 State high risk pools	35	214	(872)	0	0	0	0	0	0	0	16,775	0	16,151	XXX	16,151
1.4 Premiums earned including state and federal high risk programs (Lines 1.1 + 1.2 + 1.3)	49,247	334,863	617,208	0	0	0	0	0	0	0	28,599,359	11,941,567	41,542,243	XXX	41,542,243
1.5 Federal taxes and federal assessments	2,109	47,043	4,182	0	0	0	0	0	0	0	183,490	718,725	955,548	0	955,548
1.6 State insurance, premium and other taxes (Similar local taxes of $ 4,229)	8,269	(4,769)	9,690	0	0	0	0	0	0	0	478,629	1,522	493,340	0	493,340
1.6a Community Benefit Expenditures (informational only)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
1.7 Regulatory authority licenses and fees	(2)	(12)	0	0	0	0	0	0	0	0	(7,108)	0	(7,122)	0	(7,122)
1.8 Adjusted Premiums Earned (Lines 1.4 - 1.5 - 1.6 - 1.7)	38,871	292,601	603,337	0	0	0	0	0	0	0	27,944,347	11,221,320	40,100,477	XXX	40,100,477
1.9 Net Assumed less Ceded reinsurance premiums earned	0	82	(101,592)	0	0	0	0	0	0	0	(3,983)	0	(105,493)	XXX	(105,493)
1.10 Other Adjustments due to MLR calculations - Premiums	0	0	0	0	0	0	0	0	0	0	10	80,781	80,790	XXX	80,790
1.11 Risk Revenue	0	0	0	0	0	0	0	0	0	0	0	0	0	XXX	0
1.12 Net adjusted premiums earned after reinsurance (Lines 1.8 + 1.9 + 1.10 + 1.11)	38,871	292,683	501,745	0	0	0	0	0	0	0	27,940,374	11,302,101	40,075,774	XXX	40,075,774
2. Claims:															
2.1 Incurred claims excluding prescription drugs	25,139	67,772	688,919	0	0	0	0	0	0	0	21,600,768	3,132,328	25,514,927	XXX	25,514,927
2.2 Prescription drugs	3,953	69,576	93,671	0	0	0	0	0	0	0	20,159	11,748,585	11,935,945	XXX	11,935,945
2.3 Pharmaceutical rebates	817	32,389	40,260	0	0	0	0	0	0	0	5,970	6,960,381	7,039,817	XXX	7,039,817
2.4 State stop loss, market stabilization and claim/census based assessments (informational only)	1	0	0	0	0	0	0	0	0	0	0	0	1	XXX	1
3. Incurred medical incentive pools and bonuses	0	149	0	0	0	0	0	0	0	0	0	0	149	XXX	149
4. Deductible Fraud and Abuse Detection/Recovery Expenses (for MLR use only)	0	3	2	0	0	0	0	0	0	0	0	0	5	0	5
5. 5.0 Total Incurred Claims (Lines 2.1 + 2.2 - 2.3 + 3) (From Part 2, Line 2.15)	28,275	105,107	742,331	0	0	0	0	0	0	0	21,614,957	7,920,533	30,411,203	XXX	30,411,203
5.1 Net Assumed less Ceded reinsurance claims incurred	0	(116)	(146,311)	0	0	0	0	0	0	0	232,119	0	85,693	XXX	85,693
5.2 Other Adjustments due to MLR calculations - Claims	0	0	0	0	0	0	0	0	0	0	0	0	0	XXX	0
5.3 Rebates paid	0	0	0	0	0	0	0	0	0	XXX	XXX	0	0	XXX	0
5.4 Estimated rebates unpaid prior year	0	0	0	0	0	0	0	0	0	XXX	XXX	0	0	XXX	0
5.5 Estimated rebates unpaid current year	0	0	0	0	0	0	0	0	0	XXX	XXX	0	0	XXX	0
5.6 Fee for service and co-pay revenue	0	0	0	0	0	0	0	0	0	0	0	0	0	XXX	0
5.7 Net incurred claims after reinsurance (Lines 5.0 + 5.1 + 5.2 + 5.3 - 5.4 + 5.5 - 5.6)	28,275	104,992	596,020	0	0	0	0	0	0	0	21,847,077	7,920,533	30,496,896	XXX	30,496,896
6. Improving Health Care Quality Expenses Incurred:															
6.1 Improve health outcomes	394	2,677	4,945	0	0	0	0	0	0	0	187,470	28,051	223,537	0	223,537
6.2 Activities to prevent hospital readmissions	0	0	0	0	0	0	0	0	0	0	177,143	10,769	187,911	0	187,911
6.3 Improve patient safety and reduce medical errors	0	0	0	0	0	0	0	0	0	0	131,649	6,860	138,509	0	138,509
6.4 Wellness and health promotion activities	0	0	0	0	0	0	0	0	0	0	244,804	(3,560)	241,245	0	241,245
6.5 Health Information Technology expenses related to health improvement	0	0	0	0	0	0	0	0	0	0	40,510	20,861	61,371	0	61,371
6.6 Total of Defined Expenses Incurred for Improving Health Care Quality (Lines 6.1+6.2+6.3+6.4+6.5)	394	2,677	4,945	0	0	0	0	0	0	0	781,576	62,981	852,573	0	852,573
7. Preliminary Medical Loss Ratio: MLR ((Lines 4 + 5.0 + 6.6 - Footnote 2.0)/Line 1.8	0.738	0.368	1.239	0.000	0.000	0.000	0.000	0.000	0.000	XXX	XXX	0.711	XXX	XXX	XXX
8. Claims Adjustment Expenses:															
8.1 Cost containment expenses not included in quality of care expenses in Line 6.6	722	3,388	7,830	0	0	0	0	0	0	0	5,602	(12,166)	5,375	0	5,375
8.2 All other claims adjustment expenses	876	4,076	9,478	0	0	0	0	0	0	0	441,647	132,036	588,113	0	588,113
8.3 Total claims adjustment expenses (Lines 8.1 + 8.2)	1,599	7,463	17,308	0	0	0	0	0	0	0	447,248	119,870	593,488	0	593,488
9. Claims Adjustment Expense Ratio (Line 8.3/Line 1.8)	0.041	0.026	0.029	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.016	0.011	XXX	XXX	XXX

SUPPLEMENT FOR THE YEAR 2018 OF THE UnitedHealthcare Insurance Company

SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 1 (Continued)

	Business Subject to MLR									10	11	12	13	14	15
	Comprehensive Health Coverage			Mini-Med Plans			Expatriate Plans		9						
	1 Individual	2 Small Group Employer	3 Large Group Employer	4 Individual	5 Small Group Employer	6 Large Group Employer	7 Small Group	8 Large Group	Student Health Plans	Government Business (excluded by statute)	Other Health Business	Medicare Advantage Part C and Medicare Part D Stand-Alone Subject to ACA	Subtotal (Cols. 1 through 12)	Uninsured Plans	Total 13 + 14
10. General and Administrative (G&A) Expenses:															
10.1 Direct sales salaries and benefits	214	1,071	3,326	0	0	0	0	0	0	0	37,043	29,445	71,100	0	71,100
10.2 Agents and brokers fees and commissions	(237)	(1,461)	6,980	0	0	0	0	0	0	0	1,092,769	97,568	1,195,619	0	1,195,619
10.3 Other taxes (excluding taxes on Lines 1.5 through 1.7 and Line 14 below)	(1,224)	(1,179)	818	0	0	0	0	0	0	0	54,303	22,879	75,596	0	75,596
10.4 Other general and administrative expenses	1,908	10,883	20,054	0	0	0	0	0	0	0	2,937,519	642,802	3,613,165	0	3,613,165
10.4a Community Benefit Expenditures (informational only)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
10.5 Total general and administrative (Lines 10.1 +10.2 + 10.3 + 10.4)	661	9,314	31,178	0	0	0	0	0	0	0	4,121,634	792,693	4,955,480	0	4,955,480
11. Underwriting Gain/(Loss) (Lines 1.12 - 5.7 - 6.6 - 8.3 - 10.5)	7,943	168,237	(147,706)	0	0	0	0	0	0	0	742,839	2,406,024	3,177,336	XXX	3,177,336
12. Income from fees of uninsured plans	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0
13. Net investment and other gain/(loss)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	458,277	XXX	458,277
14. Federal income taxes (excluding taxes on Line 1.5 above)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	26,666	XXX	26,666
15. Net gain or (loss) (Lines 11 + 12 + 13 - 14)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	3,608,947	XXX	3,608,947
16. ICD-10 Implementation Expenses (informational only; already included in general expenses and line 10.4)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
16. 16a ICD-10 Implementation Expenses (informational only; already included in line 10.4)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
OTHER INDICATORS:															
1. Number of certificates/policies	4	37	10	0	0	0	0	0	0	0	14,492	10,374	24,917	0	24,917
2. Number of Covered Lives	11	67	11	0	0	0	0	0	0	0	14,466	10,374	24,929	0	24,929
3. Number of Groups	XXX	8	3	XXX	0	0	0	0	0	0	20	0	31	0	31
4. Member Months	120	598	1,545	0	0	0	0	0	0	0	172,138	124,744	299,145	0	299,145

Is run off business reported in Columns 1 through 9 or 12? Yes [ ] No [ ] If yes, show the amount of premiums and claims included. Premiums $ 0 Claims $ 0

216-2.MT

AFFORDABLE CARE ACT (ACA) RECEIPTS, PAYMENTS, RECEIVABLES and PAYABLES

	Current Year Comprehensive Health Coverage		Prior Year Comprehensive Health Coverage	
	1 Individual Plans	2 Small Group Employer Plans	3 Individual Plans	4 Small Group Employer Plans
ACA Receivables and Payables				
1. Permanent ACA Risk Adjustment Program				
1.0 Premium adjustments receivable/(payable)	0	2,654	0	31,003
2. Transitional ACA Reinsurance Program				
2.0 Total amounts recoverable for claims (paid & unpaid)	0	XXX	0	XXX
3. Temporary ACA Risk Corridors Program				
3.1 Accrued retrospective premium	0	0	0	0
3.2 Reserve for rate credits or policy experience refunds	0	0	0	0
ACA Receipts and Payments				
4. Permanent ACA Risk Adjustment Program				
4.0 Premium adjustments receipts/(payments)	0	82,328	0	182,823
5. Transitional ACA Reinsurance Program				
5.0 Amounts received for claims	0	XXX	0	XXX
6. Temporary ACA Risk Corridors Program				
6.1 Retrospective premium received	0	0	0	0
6.2 Rate credits or policy experience refunds paid	0	0	0	0

SUPPLEMENT FOR THE YEAR 2018 OF THE UnitedHealthcare Insurance Company

SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 2

(To Be Filed by April 1 - Not for Rebate Purposes)

REPORT FOR: 1. CORPORATION UnitedHealthcare Insurance Company 2. 185 Asylum Street Hartford, CT 061033408 (LOCATION)

NAIC Group Code 0707 BUSINESS IN THE STATE OF Montana DURING THE YEAR 2018 NAIC Company Code 79413

	Business Subject to MLR												
	Comprehensive Health Coverage			Mini-Med Plans			Expatriate Plans:		9	10	11	12	13
	1	2	3	4	5	6	7	8					
	Individual	Small Group Employer	Large Group Employer	Individual	Small Group Employer	Large Group Employer	Small Group	Large Group	Student Health Plans	Government Business (excluded by statute)	Other Health Business	Medicare Advantage Part C and Medicare Part D Stand-Alone Subject to ACA	Total (a)
1. Health Premiums Earned:													
1.1 Direct premiums written	49,212	335,108	618,080	0	0	0	0	0	0	0	28,582,641	12,022,348	41,607,389
1.2 Unearned premium prior year	0	0	0	0	0	0	0	0	0	0	0	0	0
1.3 Unearned premium current year	0	459	0	0	0	0	0	0	0	0	47	0	506
1.4 Change in unearned premium (Lines 1.2 - 1.3)	0	(459)	0	0	0	0	0	0	0	0	(47)	0	(506)
1.5 Paid rate credits	208	0	(208)	0	0	0	0	0	0	0	(1,813,344)	0	(1,813,344)
1.6 Reserve for rate credits current year	0	0	0	0	0	0	0	0	0	0	0	316,561	316,561
1.7 Reserve for rate credits prior year	0	0	0	0	0	0	0	0	0	0	0	619,606	619,606
1.8 Change in reserve for rate credits (Lines 1.6 - 1.7)	0	0	0	0	0	0	0	0	0	0	0	(303,045)	(303,045)
1.9 Premium balances written off	0	0	0	0	0	0	0	0	0	0	10	80,781	80,790
1.10 Group conversion charge	0	0	0	0	0	0	0	0	0	0	0	0	0
1.11 Total direct premiums earned (Lines 1.1 + 1.4 - 1.9 + 1.10)	49,212	334,649	618,080	0	0	0	0	0	0	0	28,582,584	11,941,567	41,526,092
1.12 Assumed premiums earned from non-affiliates	0	0	0	0	0	0	0	0	0	0	0	0	0
1.13 Net Assumed less Ceded premiums earned from affiliates	0	82	0	0	0	0	0	0	0	0	0	0	82
1.14 Ceded premiums earned to non-affiliates	0	0	101,592	0	0	0	0	0	0	0	3,983	0	105,576
1.15 Other Adjustments due to MLR calculation - Premiums	0	0	0	0	0	0	0	0	0	0	10	80,781	80,790
1.16 Net premiums earned (Lines 1.11 - 1.5 - 1.8 + 1.12 + 1.13 - 1.14 + 1.15)	49,004	334,731	516,695	0	0	0	0	0	0	0	30,391,954	12,325,393	43,617,778
2. Direct Claims Incurred:													
2.1 Paid claims during the year	27,169	137,989	737,679	0	0	0	0	0	0	0	23,377,279	5,980,732	30,260,848
2.2 Direct claim liability current year	1,166	29,569	30,535	0	0	0	0	0	0	0	3,896,259	1,332,957	5,290,485
2.3 Direct claim liability prior year	268	61,659	38,617	0	0	0	0	0	0	0	3,631,214	1,057,592	4,789,351
2.4 Direct claim reserves current year	0	4	3,108	0	0	0	0	0	0	0	845,854	728	849,694
2.5 Direct claim reserves prior year	0	1,230	374	0	0	0	0	0	0	0	1,049,792	608	1,052,005
2.6 Direct contract reserves current year	0	0	0	0	0	0	0	0	0	0	10,904	0	10,904
2.7 Direct contract reserves prior year	0	0	0	0	0	0	0	0	0	0	19,094	0	19,094
2.8 Paid rate credits	208	0	(208)	0	0	0	0	0	0	0	(1,813,344)	0	(1,813,344)
2.9 Reserve for rate credits current year	0	0	0	0	0	0	0	0	0	0	0	316,561	316,561
2.10 Reserve for rate credits prior year	0	0	0	0	0	0	0	0	0	0	0	619,606	619,606
2.11 Incurred medical incentive pools and bonuses (Lines 2.11a + 2.11b - 2.11c)	0	149	0	0	0	0	0	0	0	0	0	0	149
2.11a Paid medical incentive pools and bonuses current year	0	149	0	0	0	0	0	0	0	0	0	0	149
2.11b Accrued medical incentive pools and bonuses current year	0	0	0	0	0	0	0	0	0	0	0	1,609	1,609
2.11c Accrued medical incentive pools and bonuses prior year	0	0	0	0	0	0	0	0	0	0	0	1,609	1,609
2.12 Net healthcare receivables (Lines 2.12a - 2.12b)	0	(286)	(10,209)	0	0	0	0	0	0	0	1,894	(1,967,362)	(1,975,962)
2.12a Healthcare receivables current year	0	12,135	3,830	0	0	0	0	0	0	0	1,894	2,119,111	2,136,970
2.12b Healthcare receivables prior year	0	12,421	14,039	0	0	0	0	0	0	0	0	4,086,473	4,112,933
2.13 Group conversion charge	0	0	0	0	0	0	0	0	0	0	0	0	0
2.14 Multi-option coverage blended rate adjustment	0	0	0	0	0	0	0	0	0	0	0	0	0
2.15 Total incurred claims (Lines 2.1 + 2.2 - 2.3 + 2.4 - 2.5 + 2.6 - 2.7 + 2.8 + 2.9 - 2.10 + 2.11 - 2.12 + 2.13 + 2.14)	28,275	105,107	742,331	0	0	0	0	0	0	0	21,614,957	7,920,533	30,411,203
2.16 Assumed incurred claims from non-affiliates	0	0	0	0	0	0	0	0	0	0	0	0	0
2.17 Net assumed less ceded incurred claims from affiliates	0	(116)	(650)	0	0	0	0	0	0	0	0	0	(766)
2.18 Ceded incurred claims to non-affiliates	0	0	145,660	0	0	0	0	0	0	0	(232,119)	0	(86,459)
2.19 Other adjustments due to MLR calculation - Claims	0	0	0	0	0	0	0	0	0	0	0	0	0
2.20 Net Incurred Claims (Lines 2.15 - 2.8 - 2.9 + 2.10 + 2.16 + 2.17 - 2.18 + 2.19)	28,067	104,992	596,228	0	0	0	0	0	0	0	23,660,420	8,223,578	32,613,285
3. Fraud and Abuse Recoveries that Reduced PAID Claims in Line 2.1 above (informational only)	0	3	2	0	0	0	0	0	0	0	0	0	5

(a) Column 13, Line 1.1 includes direct written premium of $ 20,759 for stand-alone dental and $ 8,911 for stand-alone vision policies.

SUPPLEMENT FOR THE YEAR 2018 OF THE UnitedHealthcare Insurance Company

SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 3

(To Be Filed by April 1 - Not for Rebate Purposes)

REPORT FOR: 1. CORPORATION UnitedHealthcare Insurance Company 2. 185 Asylum Street Hartford, CT 061033408 (LOCATION)

NAIC Group Code 0707 BUSINESS IN THE STATE OF Montana DURING THE YEAR 2018 NAIC Company Code 79413

	All Expenses	Improving Health Care Quality Expenses						Claims Adjustment Expenses		9	10
		1 Improve Health Outcomes	2 Activities to Prevent Hospital Readmissions	3 Improve Patient Safety and Reduce Medical Errors	4 Wellness & Health Promotion Activities	5 HIT Expenses	6 Total (1 to 5)	7 Cost Containment Expenses	8 Other Claims Adjustment Expenses	General Administrative Expenses	Total Expenses (6 to 9)
1.	Individual Comprehensive Coverage Expenses:										
	1.1 Salaries (including $ 1,132 for affiliated services)	0	0	0	0	0	0	174	248	709	1,132
	1.2 Outsourced Services	0	0	0	0	0	0	122	28	116	266
	1.3 EDP Equipment and Software (incl $ 77 for affiliated services)	0	0	0	0	0	0	15	21	42	77
	1.4 Other Equipment (excl. EDP) (incl $ 7 for affiliated services)	0	0	0	0	0	0	1	2	4	7
	1.5 Accreditation and Certification (incl $ 1 for affiliated services)	0	XXX	XXX	XXX	XXX	0	0	0	0	1
	1.6 Other Expenses (incl $ 2,583 for affiliated services)	394	0	0	0	0	394	390	555	999	2,338
	1.7 Subtotal before Reimbursements and Taxes (Lines 1.1 to 1.6)	394	0	0	0	0	394	702	855	1,870	3,821
	1.8 Reimbursements by uninsured plans and fiscal intermediaries	0	0	0	0	0	0	0	0	0	0
	1.9 Taxes, Licenses and Fees (in total, for tying purposes)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	7,099	7,099
	1.10 Total (1.7 to 1.9)	394	0	0	0	0	394	702	855	8,969	10,920
	1.11 Total Fraud and Abuse Detection/Recovery Expenses included in Column 7 (informational only)	0	0	0	0	0	0	173	0	0	173
2.	Small Group Comprehensive Coverage Expenses:										
	2.1 Salaries (including $ 6,129 for affiliated services)	0	0	0	0	0	0	877	1,153	4,099	6,129
	2.2 Outsourced Services	0	0	0	0	0	0	307	132	390	829
	2.3 EDP Equipment and Software (incl $ 426 for affiliated services)	0	0	0	0	0	0	73	96	256	426
	2.4 Other Equipment (excl. EDP) (incl $ 41 for affiliated services)	0	0	0	0	0	0	7	9	25	41
	2.5 Accreditation and Certification (incl $ 4 for affiliated services)	0	XXX	XXX	XXX	XXX	0	1	1	3	4
	2.6 Other Expenses (incl $ 14,130 for affiliated services)	2,677	0	0	0	0	2,677	2,023	2,578	5,644	12,923
	2.7 Subtotal before Reimbursements and Taxes (Lines 2.1 to 2.6)	2,677	0	0	0	0	2,677	3,288	3,970	10,417	20,352
	2.8 Reimbursements by uninsured plans and fiscal intermediaries	0	0	0	0	0	0	0	0	0	0
	2.9 Taxes, Licenses and Fees (in total, for tying purposes)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	(5,679)	(5,679)
	2.10 Total (2.7 to 2.9)	2,677	0	0	0	0	2,677	3,288	3,970	4,738	14,674
	2.11 Total Fraud and Abuse Detection/Recovery Expenses included in Column 7 (informational only)	0	0	0	0	0	0	859	0	0	859
3.	Large Group Comprehensive Coverage Expenses:										
	3.1 Salaries (including $ 16,173 for affiliated services)	0	0	0	0	0	0	2,070	2,696	11,406	16,173
	3.2 Outsourced Services	0	0	0	0	0	0	560	309	966	1,835
	3.3 EDP Equipment and Software (incl $ 1,083 for affiliated services)	0	0	0	0	0	0	173	225	685	1,083
	3.4 Other Equipment (excl. EDP) (incl $ 104 for affiliated services)	0	0	0	0	0	0	17	22	66	104
	3.5 Accreditation and Certification (incl $ 11 for affiliated services)	0	XXX	XXX	XXX	XXX	0	2	2	7	11
	3.6 Other Expenses (incl $ 35,033 for affiliated services)	4,945	0	0	0	0	4,945	4,771	6,031	17,015	32,762
	3.7 Subtotal before Reimbursements and Taxes (Lines 3.1 to 3.6)	4,945	0	0	0	0	4,945	7,592	9,286	30,146	51,968
	3.8 Reimbursements by uninsured plans and fiscal intermediaries	0	0	0	0	0	0	0	0	0	0
	3.9 Taxes, Licenses and Fees (in total, for tying purposes)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	11,153	11,153
	3.10 Total (3.7 to 3.9)	4,945	0	0	0	0	4,945	7,592	9,286	41,298	63,121
	3.11 Total Fraud and Abuse Detection/Recovery Expenses included in Column 7 (informational only)	0	0	0	0	0	0	2,235	0	0	2,235

SUPPLEMENT FOR THE YEAR 2018 OF THE UnitedHealthcare Insurance Company

SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 3 (Continued)

	All Expenses	Improving Health Care Quality Expenses						Claims Adjustment Expenses		9	10
		1 Improve Health Outcomes	2 Activities to Prevent Hospital Readmissions	3 Improve Patient Safety and Reduce Medical Errors	4 Wellness & Health Promotion Activities	5 HIT Expenses	6 Total (1 to 5)	7 Cost Containment Expenses	8 Other Claims Adjustment Expenses	General Administrative Expenses	Total Expenses (6 to 9)
4.	Individual Mini-Med Plans Expenses:										
	4.1 Salaries (including $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	4.2 Outsourced Services	0	0	0	0	0	0	0	0	0	0
	4.3 EDP Equipment and Software (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	4.4 Other Equipment (excl. EDP) (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	4.5 Accreditation and Certification (incl $ 0 for affiliated services)	0	XXX	XXX	XXX	XXX	0	0	0	0	0
	4.6 Other Expenses (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	4.7 Subtotal before Reimbursements and Taxes (Lines 4.1 to 4.6)	0	0	0	0	0	0	0	0	0	0
	4.8 Reimbursements by uninsured plans and fiscal intermediaries	0	0	0	0	0	0	0	0	0	0
	4.9 Taxes, Licenses and Fees (in total, for tying purposes)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0
	4.10 Total (4.7 to 4.9)	0	0	0	0	0	0	0	0	0	0
	4.11 Total Fraud and Abuse Detection/Recovery Expenses included in Column 7 (informational only)	0	0	0	0	0	0	0	0	0	0
5.	Small Group Mini-Med Plans Expenses:										
	5.1 Salaries (including $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	5.2 Outsourced Services	0	0	0	0	0	0	0	0	0	0
	5.3 EDP Equipment and Software (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	5.4 Other Equipment (excl. EDP) (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	5.5 Accreditation and Certification (incl $ 0 for affiliated services)	0	XXX	XXX	XXX	XXX	0	0	0	0	0
	5.6 Other Expenses (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	5.7 Subtotal before Reimbursements and Taxes (Lines 5.1 to 5.6)	0	0	0	0	0	0	0	0	0	0
	5.8 Reimbursements by uninsured plans and fiscal intermediaries	0	0	0	0	0	0	0	0	0	0
	5.9 Taxes, Licenses and Fees (in total, for tying purposes)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0
	5.10 Total (5.7 to 5.9)	0	0	0	0	0	0	0	0	0	0
	5.11 Total Fraud and Abuse Detection/Recovery Expenses included in Column 7 (informational only)	0	0	0	0	0	0	0	0	0	0
6.	Large Group Mini-Med Plans Expenses:										
	6.1 Salaries (including $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	6.2 Outsourced Services	0	0	0	0	0	0	0	0	0	0
	6.3 EDP Equipment and Software (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	6.4 Other Equipment (excl. EDP) (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	6.5 Accreditation and Certification (incl $ 0 for affiliated services)	0	XXX	XXX	XXX	XXX	0	0	0	0	0
	6.6 Other Expenses (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	6.7 Subtotal before Reimbursements and Taxes (Lines 6.1 to 6.6)	0	0	0	0	0	0	0	0	0	0
	6.8 Reimbursements by uninsured plans and fiscal intermediaries	0	0	0	0	0	0	0	0	0	0
	6.9 Taxes, Licenses and Fees (in total, for tying purposes)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0
	6.10 Total (6.7 to 6.9)	0	0	0	0	0	0	0	0	0	0
	6.11 Total Fraud and Abuse Detection/Recovery Expenses included in Column 7 (informational only)	0	0	0	0	0	0	0	0	0	0

SUPPLEMENT FOR THE YEAR 2018 OF THE UnitedHealthcare Insurance Company

SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 3 (Continued)

	All Expenses	Improving Health Care Quality Expenses						Claims Adjustment Expenses		9	10
		1 Improve Health Outcomes	2 Activities to Prevent Hospital Readmissions	3 Improve Patient Safety and Reduce Medical Errors	4 Wellness & Health Promotion Activities	5 HIT Expenses	6 Total (1 to 5)	7 Cost Containment Expenses	8 Other Claims Adjustment Expenses	General Administrative Expenses	Total Expenses (6 to 9)
7.	Small Group Expatriate Plans Expenses:										
	7.1 Salaries (including $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	7.2 Outsourced Services	0	0	0	0	0	0	0	0	0	0
	7.3 EDP Equipment and Software (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	7.4 Other Equipment (excl. EDP) (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	7.5 Accreditation and Certification (incl $ 0 for affiliated services)	0	XXX	XXX	XXX	XXX	0	0	0	0	0
	7.6 Other Expenses (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	7.7 Subtotal before Reimbursements and Taxes (Lines 7.1 to 7.6)	0	0	0	0	0	0	0	0	0	0
	7.8 Reimbursements by uninsured plans and fiscal intermediaries	0	0	0	0	0	0	0	0	0	0
	7.9 Taxes, Licenses and Fees (in total, for tying purposes)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0
	7.10 Total (7.7 to 7.9)	0	0	0	0	0	0	0	0	0	0
	7.11 Total Fraud and Abuse Detection/Recovery Expenses included in Column 7 (informational only)	0	0	0	0	0	0	0	0	0	0
8.	Large Group Expatriate Plans Expenses:										
	8.1 Salaries (including $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	8.2 Outsourced Services	0	0	0	0	0	0	0	0	0	0
	8.3 EDP Equipment and Software (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	8.4 Other Equipment (excl. EDP) (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	8.5 Accreditation and Certification (incl $ 0 for affiliated services)	0	XXX	XXX	XXX	XXX	0	0	0	0	0
	8.6 Other Expenses (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	8.7 Subtotal before Reimbursements and Taxes (Lines 8.1 to 8.6)	0	0	0	0	0	0	0	0	0	0
	8.8 Reimbursements by uninsured plans and fiscal intermediaries	0	0	0	0	0	0	0	0	0	0
	8.9 Taxes, Licenses and Fees (in total, for tying purposes)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0
	8.10 Total (8.7 to 8.9)	0	0	0	0	0	0	0	0	0	0
	8.11 Total Fraud and Abuse Detection/Recovery Expenses included in Column 7 (informational only)	0	0	0	0	0	0	0	0	0	0
9.	Student Health Plans Expenses:										
	9.1 Salaries (including $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	9.2 Outsourced Services	0	0	0	0	0	0	0	0	0	0
	9.3 EDP Equipment and Software (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	9.4 Other Equipment (excl. EDP) (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	9.5 Accreditation and Certification (incl $ 0 for affiliated services)	0	XXX	XXX	XXX	XXX	0	0	0	0	0
	9.6 Other Expenses (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	9.7 Subtotal before Reimbursements and Taxes (Lines 9.1 to 9.6)	0	0	0	0	0	0	0	0	0	0
	9.8 Reimbursements by uninsured plans and fiscal intermediaries	0	0	0	0	0	0	0	0	0	0
	9.9 Taxes, Licenses and Fees (in total, for tying purposes)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0
	9.10 Total (9.7 to 9.9)	0	0	0	0	0	0	0	0	0	0
	9.11 Total Fraud and Abuse Detection/Recovery Expenses included in Column 7 (informational only)	0	0	0	0	0	0	0	0	0	0

SUPPLEMENT FOR THE YEAR 2018 OF THE UnitedHealthcare Insurance Company

SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 1

(To Be Filed by April 1 - Not for Rebate Purposes - See Cautionary Statement at http://www.naic.org/documents/committees_e_app_blanks_related_shce_cautionary_statement.pdf)

REPORT FOR: 1. CORPORATION UnitedHealthcare Insurance Company 2. 185 Asylum Street Hartford, CT 061033408 (LOCATION)

NAIC Group Code 0707 BUSINESS IN THE STATE OF Nebraska DURING THE YEAR 2018 NAIC Company Code 79413

	Business Subject to MLR								9	10	11	12	13	14	15
	Comprehensive Health Coverage			Mini-Med Plans			Expatriate Plans								
	1 Individual	2 Small Group Employer	3 Large Group Employer	4 Individual	5 Small Group Employer	6 Large Group Employer	7 Small Group	8 Large Group	Student Health Plans	Government Business (excluded by statute)	Other Health Business	Medicare Advantage Part C and Medicare Part D Stand-Alone Subject to ACA	Subtotal (Cols. 1 through 12)	Uninsured Plans	Total 13 + 14
1. Premium:															
1.1 Health premiums earned (From Part 2, Line 1.11)	1,952,759	143,789,357	214,065,878	0	0	0	0	0	0	0	40,349,915	83,786,130	483,944,038	XXX	483,944,038
1.2 Federal high risk pools	0	0	0	0	0	0	0	0	0	0	0	0	0	XXX	0
1.3 State high risk pools	(3,093)	(196,581)	(67,826)	0	0	0	0	0	0	0	9,725	0	(257,775)	XXX	(257,775)
1.4 Premiums earned including state and federal high risk programs (Lines 1.1 + 1.2 + 1.3)	1,949,666	143,592,776	213,998,052	0	0	0	0	0	0	0	40,359,639	83,786,130	483,686,263	XXX	483,686,263
1.5 Federal taxes and federal assessments	35,063	3,414,262	6,813,766	0	0	0	0	0	0	343,967	440,558	2,284,785	13,332,402	0	13,332,402
1.6 State insurance, premium and other taxes (Similar local taxes of $ 3,624,032)	46,528	2,479,564	4,302,336	0	0	0	0	0	0	186,963	1,349,957	452,533	8,817,882	0	8,817,882
1.6a Community Benefit Expenditures (informational only)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
1.7 Regulatory authority licenses and fees	46	568	1,340	0	0	0	0	0	0	0	(659)	0	1,295	0	1,295
1.8 Adjusted Premiums Earned (Lines 1.4 - 1.5 - 1.6 - 1.7)	1,868,028	137,698,382	202,880,610	0	0	0	0	0	0	(530,931)	38,569,783	81,048,811	461,534,684	XXX	461,534,684
1.9 Net Assumed less Ceded reinsurance premiums earned	244	13,924	(20,981,907)	0	0	0	0	0	0	1,726,362	(101,028)	753,668	(18,588,737)	XXX	(18,588,737)
1.10 Other Adjustments due to MLR calculations - Premiums	0	14,031	313,548	0	0	0	0	0	0	0	515	537,433	865,526	XXX	865,526
1.11 Risk Revenue	0	0	0	0	0	0	0	0	0	0	0	0	0	XXX	0
1.12 Net adjusted premiums earned after reinsurance (Lines 1.8 + 1.9 + 1.10 + 1.11)	1,868,272	137,726,337	182,212,252	0	0	0	0	0	0	1,195,431	38,469,269	82,339,913	443,811,474	XXX	443,811,474
2. Claims:															
2.1 Incurred claims excluding prescription drugs	1,350,042	103,093,549	149,420,603	0	0	0	0	0	0	0	32,582,733	53,795,506	340,242,433	XXX	340,242,433
2.2 Prescription drugs	280,491	22,396,889	34,351,722	0	0	0	0	0	0	0	256,348	30,694,223	87,979,673	XXX	87,979,673
2.3 Pharmaceutical rebates	85,575	6,925,730	11,224,934	0	0	0	0	0	0	0	5,917	15,378,183	33,620,339	XXX	33,620,339
2.4 State stop loss, market stabilization and claim/census based assessments (informational only)	0	2,418	113,806	0	0	0	0	0	0	0	544	0	116,769	XXX	116,769
3. Incurred medical incentive pools and bonuses	0	283,670	732,925	0	0	0	0	0	0	0	0	1,105,562	2,122,158	XXX	2,122,158
4. Deductible Fraud and Abuse Detection/Recovery Expenses (for MLR use only)	0	11,487	14,359	0	0	0	0	0	0	0	0	7,082	32,928	0	32,928
5. 5.0 Total Incurred Claims (Lines 2.1 + 2.2 - 2.3 + 3) (From Part 2, Line 2.15)	1,544,958	118,848,377	173,280,317	0	0	0	0	0	0	0	32,833,165	70,217,108	396,723,925	XXX	396,723,925
5.1 Net Assumed less Ceded reinsurance claims incurred	0	0	(16,623,347)	0	0	0	0	0	0	0	(18,427)	(191,733)	(16,833,507)	XXX	(16,833,507)
5.2 Other Adjustments due to MLR calculations - Claims	0	(737,694)	(1,900,688)	0	0	0	0	0	0	0	(191)	0	(2,638,573)	XXX	(2,638,573)
5.3 Rebates paid	0	737,694	30,746	0	0	0	0	0	0	XXX	XXX	0	768,440	XXX	768,440
5.4 Estimated rebates unpaid prior year	(173)	0	331,512	0	0	0	0	0	0	XXX	XXX	0	331,339	XXX	331,339
5.5 Estimated rebates unpaid current year	(173)	0	2,201,508	0	0	0	0	0	0	XXX	XXX	0	2,201,335	XXX	2,201,335
5.6 Fee for service and co-pay revenue	0	0	0	0	0	0	0	0	0	0	0	0	0	XXX	0
5.7 Net incurred claims after reinsurance (Lines 5.0 + 5.1 + 5.2 + 5.3 - 5.4 + 5.5 - 5.6)	1,544,958	118,848,377	156,657,023	0	0	0	0	0	0	0	32,814,547	70,025,375	379,890,280	XXX	379,890,280
6. Improving Health Care Quality Expenses Incurred:															
6.1 Improve health outcomes	15,622	1,150,315	1,712,527	0	0	0	0	0	0	0	114,290	560,075	3,552,829	0	3,552,829
6.2 Activities to prevent hospital readmissions	0	0	0	0	0	0	0	0	0	0	44,282	112,420	156,702	0	156,702
6.3 Improve patient safety and reduce medical errors	0	0	0	0	0	0	0	0	0	0	36,755	324,794	361,550	0	361,550
6.4 Wellness and health promotion activities	0	0	0	0	0	0	0	0	0	0	157,604	95,519	253,123	0	253,123
6.5 Health Information Technology expenses related to health improvement	0	0	0	0	0	0	0	0	0	0	21,161	374,361	395,523	0	395,523
6.6 Total of Defined Expenses Incurred for Improving Health Care Quality (Lines 6.1+6.2+6.3+6.4+6.5)	15,622	1,150,315	1,712,527	0	0	0	0	0	0	0	374,093	1,467,170	4,719,726	0	4,719,726
7. Preliminary Medical Loss Ratio: MLR ((Lines 4 + 5.0 + 6.6 - Footnote 2.0)/Line 1.8	0.835	0.872	0.863	0.000	0.000	0.000	0.000	0.000	0.000	XXX	XXX	0.885	XXX	XXX	XXX
8. Claims Adjustment Expenses:															
8.1 Cost containment expenses not included in quality of care expenses in Line 6.6	22,519	1,579,280	2,347,512	0	0	0	0	0	0	0	112,716	2,130,715	6,192,742	0	6,192,742
8.2 All other claims adjustment expenses	39,881	2,332,545	3,236,138	0	0	0	0	0	0	0	516,754	6,604,603	12,729,921	0	12,729,921
8.3 Total claims adjustment expenses (Lines 8.1 + 8.2)	62,400	3,911,826	5,583,650	0	0	0	0	0	0	0	629,471	8,735,318	18,922,663	0	18,922,663
9. Claims Adjustment Expense Ratio (Line 8.3/Line 1.8)	0.033	0.028	0.028	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.016	0.108	XXX	XXX	XXX

SUPPLEMENT FOR THE YEAR 2018 OF THE UnitedHealthcare Insurance Company

SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 1 (Continued)

	Business Subject to MLR									10	11	12	13	14	15
	Comprehensive Health Coverage			Mini-Med Plans			Expatriate Plans		9						
	1 Individual	2 Small Group Employer	3 Large Group Employer	4 Individual	5 Small Group Employer	6 Large Group Employer	7 Small Group	8 Large Group	Student Health Plans	Government Business (excluded by statute)	Other Health Business	Medicare Advantage Part C and Medicare Part D Stand-Alone Subject to ACA	Subtotal (Cols. 1 through 12)	Uninsured Plans	Total 13 + 14
10. General and Administrative (G&A) Expenses:															
10.1 Direct sales salaries and benefits	7,861	528,931	892,381	0	0	0	0	0	0	0	104,655	141,708	1,675,537	0	1,675,537
10.2 Agents and brokers fees and commissions	78,917	5,339,806	6,462,400	0	0	0	0	0	0	0	1,524,384	1,842,669	15,248,176	0	15,248,176
10.3 Other taxes (excluding taxes on Lines 1.5 through 1.7 and Line 14 below)	860	156,613	207,439	0	0	0	0	0	0	0	68,843	94,878	528,633	0	528,633
10.4 Other general and administrative expenses	101,238	6,852,075	7,017,448	0	0	0	0	0	0	0	2,977,487	5,219,524	22,167,773	0	22,167,773
10.4a Community Benefit Expenditures (informational only)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
10.5 Total general and administrative (Lines 10.1 +10.2 + 10.3 + 10.4)	188,876	12,877,425	14,579,669	0	0	0	0	0	0	0	4,675,370	7,298,779	39,620,119	0	39,620,119
11. Underwriting Gain/(Loss) (Lines 1.12 - 5.7 - 6.6 - 8.3 - 10.5)	56,417	938,394	3,679,383	0	0	0	0	0	0	1,195,431	(24,212)	(5,186,729)	658,685	XXX	658,685
12. Income from fees of uninsured plans	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0
13. Net investment and other gain/(loss)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	7,243,270	XXX	7,243,270
14. Federal income taxes (excluding taxes on Line 1.5 above)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	(127,067)	XXX	(127,067)
15. Net gain or (loss) (Lines 11 + 12 + 13 - 14)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	8,029,022	XXX	8,029,022
16. ICD-10 Implementation Expenses (informational only; already included in general expenses and line 10.4)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
16. 16a ICD-10 Implementation Expenses (informational only; already included in line 10.4)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
OTHER INDICATORS:															
1. Number of certificates/policies	178	13,090	19,554	0	0	0	0	0	0	0	59,941	21,002	113,765	0	113,765
2. Number of Covered Lives	375	23,334	36,525	0	0	0	0	0	0	0	107,225	21,002	188,461	0	188,461
3. Number of Groups	XXX	2,608	497	XXX	0	0	0	0	0	0	1,218	1	4,324	0	4,324
4. Member Months	4,496	296,451	513,042	0	0	0	0	0	0	0	1,311,060	251,732	2,376,781	(1,745)	2,375,036

Is run off business reported in Columns 1 through 9 or 12? Yes [ ] No [ ] If yes, show the amount of premiums and claims included. Premiums $ 0 Claims $ 0

216-2.NE

AFFORDABLE CARE ACT (ACA) RECEIPTS, PAYMENTS, RECEIVABLES and PAYABLES

	Current Year Comprehensive Health Coverage		Prior Year Comprehensive Health Coverage	
	1 Individual Plans	2 Small Group Employer Plans	3 Individual Plans	4 Small Group Employer Plans
ACA Receivables and Payables				
1. Permanent ACA Risk Adjustment Program 1.0 Premium adjustments receivable/(payable)	(172,582)	3,262,981	(179,319)	804,639
2. Transitional ACA Reinsurance Program 2.0 Total amounts recoverable for claims (paid & unpaid)	0	XXX	0	XXX
3. Temporary ACA Risk Corridors Program 3.1 Accrued retrospective premium	0	0	0	0
3.2 Reserve for rate credits or policy experience refunds	0	0	0	0
ACA Receipts and Payments				
4. Permanent ACA Risk Adjustment Program 4.0 Premium adjustments receipts/(payments)	(207,694)	2,239,676	(136,363)	5,593,719
5. Transitional ACA Reinsurance Program 5.0 Amounts received for claims	0	XXX	0	XXX
6. Temporary ACA Risk Corridors Program 6.1 Retrospective premium received	0	0	0	0
6.2 Rate credits or policy experience refunds paid	0	0	0	0

SUPPLEMENT FOR THE YEAR 2018 OF THE UnitedHealthcare Insurance Company

SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 2

(To Be Filed by April 1 - Not for Rebate Purposes)

REPORT FOR: 1. CORPORATION UnitedHealthcare Insurance Company 2. 185 Asylum Street Hartford, CT 061033408 (LOCATION)

NAIC Group Code 0707 BUSINESS IN THE STATE OF Nebraska DURING THE YEAR 2018 NAIC Company Code 79413

	Business Subject to MLR												
	Comprehensive Health Coverage			Mini-Med Plans			Expatriate Plans:		9	10	11	12	13
	1 Individual	2 Small Group Employer	3 Large Group Employer	4 Individual	5 Small Group Employer	6 Large Group Employer	7 Small Group	8 Large Group	Student Health Plans	Government Business (excluded by statute)	Other Health Business	Medicare Advantage Part C and Medicare Part D Stand-Alone Subject to ACA	Total (a)
1. Health Premiums Earned:													
1.1 Direct premiums written	1,952,759	143,801,427	214,379,426	0	0	0	0	0	0	0	41,023,503	84,323,562	485,480,677
1.2 Unearned premium prior year	0	1,960	0	0	0	0	0	0	0	0	515,988	0	517,948
1.3 Unearned premium current year	0	0	0	0	0	0	0	0	0	0	1,189,062	0	1,189,062
1.4 Change in unearned premium (Lines 1.2 - 1.3)	0	1,960	0	0	0	0	0	0	0	0	(673,074)	0	(671,113)
1.5 Paid rate credits	47,094	737,694	30,315	0	0	0	0	0	0	0	(1,535,512)	5,518,559	4,798,150
1.6 Reserve for rate credits current year	(173)	0	2,346,251	0	0	0	0	0	0	0	411,221	922,787	3,680,086
1.7 Reserve for rate credits prior year	(173)	0	331,512	0	0	0	0	0	0	0	250,801	1,267,903	1,850,043
1.8 Change in reserve for rate credits (Lines 1.6 - 1.7)	0	0	2,014,739	0	0	0	0	0	0	0	160,420	(345,116)	1,830,043
1.9 Premium balances written off	0	14,031	313,548	0	0	0	0	0	0	0	515	537,433	865,526
1.10 Group conversion charge	0	0	0	0	0	0	0	0	0	0	0	0	0
1.11 Total direct premiums earned (Lines 1.1 + 1.4 - 1.9 + 1.10)	1,952,759	143,789,357	214,065,877	0	0	0	0	0	0	0	40,349,915	83,786,130	483,944,037
1.12 Assumed premiums earned from non-affiliates	0	0	0	0	0	0	0	0	0	0	0	0	0
1.13 Net Assumed less Ceded premiums earned from affiliates	244	13,924	12,350	0	0	0	0	0	0	1,726,362	0	753,668	2,506,548
1.14 Ceded premiums earned to non-affiliates	0	0	20,994,257	0	0	0	0	0	0	0	101,028	0	21,095,285
1.15 Other Adjustments due to MLR calculation - Premiums	0	14,031	313,548	0	0	0	0	0	0	0	515	537,433	865,526
1.16 Net premiums earned (Lines 1.11 - 1.5 - 1.8 + 1.12 + 1.13 - 1.14 + 1.15)	1,905,909	143,079,617	191,352,466	0	0	0	0	0	0	1,726,362	41,624,492	79,903,788	459,592,634
2. Direct Claims Incurred:													
2.1 Paid claims during the year	1,523,145	114,914,747	170,120,062	0	0	0	0	0	0	(197,217)	33,477,773	81,483,859	401,322,369
2.2 Direct claim liability current year	0	17,212,612	16,787,388	0	0	0	0	0	0	529,817	3,819,034	4,148,200	42,497,051
2.3 Direct claim liability prior year	805	13,798,374	16,367,599	0	0	0	0	0	0	332,600	3,310,578	11,384,571	45,194,527
2.4 Direct claim reserves current year	0	587,779	237,203	0	0	0	0	0	0	0	2,251,195	11,960	3,088,138
2.5 Direct claim reserves prior year	44	425,456	331,885	0	0	0	0	0	0	0	2,019,168	13,377	2,789,930
2.6 Direct contract reserves current year	27,899	0	0	0	0	0	0	0	0	0	19,100	0	46,998
2.7 Direct contract reserves prior year	52,147	0	0	0	0	0	0	0	0	0	28,257	0	80,404
2.8 Paid rate credits	47,094	737,694	30,315	0	0	0	0	0	0	0	(1,535,512)	5,518,559	4,798,150
2.9 Reserve for rate credits current year	(173)	0	2,346,251	0	0	0	0	0	0	0	411,221	922,787	3,680,086
2.10 Reserve for rate credits prior year	(173)	0	331,512	0	0	0	0	0	0	0	250,801	1,267,903	1,850,043
2.11 Incurred medical incentive pools and bonuses (Lines 2.11a + 2.11b - 2.11c)	0	283,670	732,925	0	0	0	0	0	0	0	0	1,105,562	2,122,158
2.11a Paid medical incentive pools and bonuses current year	0	261,996	287,828	0	0	0	0	0	0	0	0	655,525	1,205,350
2.11b Accrued medical incentive pools and bonuses current year	0	38,945	865,438	0	0	0	0	0	0	0	0	451,504	1,355,887
2.11c Accrued medical incentive pools and bonuses prior year	0	17,271	420,341	0	0	0	0	0	0	0	0	1,468	439,079
2.12 Net healthcare receivables (Lines 2.12a - 2.12b)	184	664,295	(57,168)	0	0	0	0	0	0	0	843	10,307,968	10,916,122
2.12a Healthcare receivables current year	184	3,272,742	3,966,943	0	0	0	0	0	0	0	2,388	7,140,818	14,383,075
2.12b Healthcare receivables prior year	0	2,608,447	4,024,111	0	0	0	0	0	0	0	1,545	(3,167,150)	3,466,954
2.13 Group conversion charge	0	0	0	0	0	0	0	0	0	0	0	0	0
2.14 Multi-option coverage blended rate adjustment	0	0	0	0	0	0	0	0	0	0	0	0	0
2.15 Total incurred claims (Lines 2.1 + 2.2 - 2.3 + 2.4 - 2.5 + 2.6 - 2.7 + 2.8 + 2.9 - 2.10 + 2.11 - 2.12 + 2.13 + 2.14)	1,544,958	118,848,377	173,280,317	0	0	0	0	0	0	0	32,833,165	70,217,108	396,723,924
2.16 Assumed incurred claims from non-affiliates	0	0	1,803	0	0	0	0	0	0	0	0	0	1,803
2.17 Net assumed less ceded incurred claims from affiliates	0	0	0	0	0	0	0	0	0	0	0	(191,733)	(191,733)
2.18 Ceded incurred claims to non-affiliates	0	0	16,625,150	0	0	0	0	0	0	0	18,427	0	16,643,577
2.19 Other adjustments due to MLR calculation - Claims	0	0	0	0	0	0	0	0	0	0	0	0	0
2.20 Net Incurred Claims (Lines 2.15 - 2.8 - 2.9 + 2.10 + 2.16 + 2.17 - 2.18 + 2.19)	1,497,864	118,110,683	154,611,916	0	0	0	0	0	0	0	34,189,830	64,851,932	373,262,224
3. Fraud and Abuse Recoveries that Reduced PAID Claims in Line 2.1 above (informational only)	0	11,487	14,359	0	0	0	0	0	0	0	0	7,082	32,928

(a) Column 13, Line 1.1 includes direct written premium of $ 6,760,341 for stand-alone dental and $ 1,574,028 for stand-alone vision policies.

SUPPLEMENT FOR THE YEAR 2018 OF THE UnitedHealthcare Insurance Company

SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 3

(To Be Filed by April 1 - Not for Rebate Purposes)

REPORT FOR: 1. CORPORATION UnitedHealthcare Insurance Company 2. 185 Asylum Street Hartford, CT 061033408 (LOCATION)

NAIC Group Code 0707 BUSINESS IN THE STATE OF Nebraska DURING THE YEAR 2018 NAIC Company Code 79413

	All Expenses	Improving Health Care Quality Expenses						Claims Adjustment Expenses		9	10
		1 Improve Health Outcomes	2 Activities to Prevent Hospital Readmissions	3 Improve Patient Safety and Reduce Medical Errors	4 Wellness & Health Promotion Activities	5 HIT Expenses	6 Total (1 to 5)	7 Cost Containment Expenses	8 Other Claims Adjustment Expenses	General Administrative Expenses	Total Expenses (6 to 9)
1.	Individual Comprehensive Coverage Expenses:										
	1.1 Salaries (including $ 54,378 for affiliated services)	0	0	0	0	0	0	6,313	11,709	36,357	54,378
	1.2 Outsourced Services	0	0	0	0	0	0	770	1,277	3,195	5,242
	1.3 EDP Equipment and Software (incl $ 3,768 for affiliated services)	0	0	0	0	0	0	527	929	2,312	3,768
	1.4 Other Equipment (excl. EDP) (incl $ 362 for affiliated services)	0	0	0	0	0	0	51	89	219	359
	1.5 Accreditation and Certification (incl $ 39 for affiliated services)	0	XXX	XXX	XXX	XXX	0	5	10	24	39
	1.6 Other Expenses (incl $ 116,843 for affiliated services)	15,622	0	0	0	0	15,622	14,120	25,088	145,353	200,182
	1.7 Subtotal before Reimbursements and Taxes (Lines 1.1 to 1.6)	15,622	0	0	0	0	15,622	21,786	39,101	187,460	263,969
	1.8 Reimbursements by uninsured plans and fiscal intermediaries	0	0	0	0	0	0	0	0	0	0
	1.9 Taxes, Licenses and Fees (in total, for tying purposes)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	49,503	49,503
	1.10 Total (1.7 to 1.9)	15,622	0	0	0	0	15,622	21,786	39,101	236,963	313,472
	1.11 Total Fraud and Abuse Detection/Recovery Expenses included in Column 7 (informational only)	0	0	0	0	0	0	6,324	0	0	6,324
2.	Small Group Comprehensive Coverage Expenses:										
	2.1 Salaries (including $ 5,032,162 for affiliated services)	0	0	0	0	0	0	631,110	1,007,795	3,393,257	5,032,162
	2.2 Outsourced Services	0	0	0	0	0	0	135,928	115,495	321,401	572,824
	2.3 EDP Equipment and Software (incl $ 355,250 for affiliated services)	0	0	0	0	0	0	52,701	84,156	218,393	355,250
	2.4 Other Equipment (excl. EDP) (incl $ 34,100 for affiliated services)	0	0	0	0	0	0	5,059	8,078	20,963	34,100
	2.5 Accreditation and Certification (incl $ 3,703 for affiliated services)	0	XXX	XXX	XXX	XXX	0	549	877	2,276	3,703
	2.6 Other Expenses (incl $ 5,616,420 for affiliated services)	1,150,315	0	0	0	0	1,150,315	704,624	1,063,649	8,727,114	11,645,702
	2.7 Subtotal before Reimbursements and Taxes (Lines 2.1 to 2.6)	1,150,315	0	0	0	0	1,150,315	1,529,971	2,280,050	12,683,405	17,643,740
	2.8 Reimbursements by uninsured plans and fiscal intermediaries	0	0	0	0	0	0	0	0	0	0
	2.9 Taxes, Licenses and Fees (in total, for tying purposes)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	2,775,957	2,775,957
	2.10 Total (2.7 to 2.9)	1,150,315	0	0	0	0	1,150,315	1,529,971	2,280,050	15,459,361	20,419,697
	2.11 Total Fraud and Abuse Detection/Recovery Expenses included in Column 7 (informational only)	0	0	0	0	0	0	425,799	0	0	425,799
3.	Large Group Comprehensive Coverage Expenses:										
	3.1 Salaries (including $ 3,091,772 for affiliated services)	0	0	0	0	0	0	417,217	574,365	2,100,189	3,091,772
	3.2 Outsourced Services	0	0	0	0	0	0	105,493	65,823	192,846	364,162
	3.3 EDP Equipment and Software (incl $ 208,719 for affiliated services)	0	0	0	0	0	0	34,840	47,962	125,917	208,719
	3.4 Other Equipment (excl. EDP) (incl $ 20,035 for affiliated services)	0	0	0	0	0	0	3,344	4,604	12,087	20,035
	3.5 Accreditation and Certification (incl $ 2,175 for affiliated services)	0	XXX	XXX	XXX	XXX	0	363	500	1,312	2,175
	3.6 Other Expenses (incl $ 12,591,558 for affiliated services)	1,712,527	0	0	0	0	1,712,527	1,710,460	2,474,956	11,877,984	17,775,927
	3.7 Subtotal before Reimbursements and Taxes (Lines 3.1 to 3.6)	1,712,527	0	0	0	0	1,712,527	2,271,717	3,168,211	14,310,334	21,462,789
	3.8 Reimbursements by uninsured plans and fiscal intermediaries	0	0	0	0	0	0	0	0	0	0
	3.9 Taxes, Licenses and Fees (in total, for tying purposes)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	4,716,732	4,716,732
	3.10 Total (3.7 to 3.9)	1,712,527	0	0	0	0	1,712,527	2,271,717	3,168,211	19,027,066	26,179,521
	3.11 Total Fraud and Abuse Detection/Recovery Expenses included in Column 7 (informational only)	0	0	0	0	0	0	690,755	0	0	690,755

SUPPLEMENT FOR THE YEAR 2018 OF THE UnitedHealthcare Insurance Company

SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 3 (Continued)

	All Expenses	Improving Health Care Quality Expenses						Claims Adjustment Expenses		9	10
		1 Improve Health Outcomes	2 Activities to Prevent Hospital Readmissions	3 Improve Patient Safety and Reduce Medical Errors	4 Wellness & Health Promotion Activities	5 HIT Expenses	6 Total (1 to 5)	7 Cost Containment Expenses	8 Other Claims Adjustment Expenses	General Administrative Expenses	Total Expenses (6 to 9)
4.	Individual Mini-Med Plans Expenses:										
	4.1 Salaries (including $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	4.2 Outsourced Services	0	0	0	0	0	0	0	0	0	0
	4.3 EDP Equipment and Software (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	4.4 Other Equipment (excl. EDP) (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	4.5 Accreditation and Certification (incl $ 0 for affiliated services)	0	XXX	XXX	XXX	XXX	0	0	0	0	0
	4.6 Other Expenses (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	4.7 Subtotal before Reimbursements and Taxes (Lines 4.1 to 4.6)	0	0	0	0	0	0	0	0	0	0
	4.8 Reimbursements by uninsured plans and fiscal intermediaries	0	0	0	0	0	0	0	0	0	0
	4.9 Taxes, Licenses and Fees (in total, for tying purposes)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0
	4.10 Total (4.7 to 4.9)	0	0	0	0	0	0	0	0	0	0
	4.11 Total Fraud and Abuse Detection/Recovery Expenses included in Column 7 (informational only)	0	0	0	0	0	0	0	0	0	0
5.	Small Group Mini-Med Plans Expenses:										
	5.1 Salaries (including $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	5.2 Outsourced Services	0	0	0	0	0	0	0	0	0	0
	5.3 EDP Equipment and Software (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	5.4 Other Equipment (excl. EDP) (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	5.5 Accreditation and Certification (incl $ 0 for affiliated services)	0	XXX	XXX	XXX	XXX	0	0	0	0	0
	5.6 Other Expenses (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	5.7 Subtotal before Reimbursements and Taxes (Lines 5.1 to 5.6)	0	0	0	0	0	0	0	0	0	0
	5.8 Reimbursements by uninsured plans and fiscal intermediaries	0	0	0	0	0	0	0	0	0	0
	5.9 Taxes, Licenses and Fees (in total, for tying purposes)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0
	5.10 Total (5.7 to 5.9)	0	0	0	0	0	0	0	0	0	0
	5.11 Total Fraud and Abuse Detection/Recovery Expenses included in Column 7 (informational only)	0	0	0	0	0	0	0	0	0	0
6.	Large Group Mini-Med Plans Expenses:										
	6.1 Salaries (including $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	6.2 Outsourced Services	0	0	0	0	0	0	0	0	0	0
	6.3 EDP Equipment and Software (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	6.4 Other Equipment (excl. EDP) (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	6.5 Accreditation and Certification (incl $ 0 for affiliated services)	0	XXX	XXX	XXX	XXX	0	0	0	0	0
	6.6 Other Expenses (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	6.7 Subtotal before Reimbursements and Taxes (Lines 6.1 to 6.6)	0	0	0	0	0	0	0	0	0	0
	6.8 Reimbursements by uninsured plans and fiscal intermediaries	0	0	0	0	0	0	0	0	0	0
	6.9 Taxes, Licenses and Fees (in total, for tying purposes)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0
	6.10 Total (6.7 to 6.9)	0	0	0	0	0	0	0	0	0	0
	6.11 Total Fraud and Abuse Detection/Recovery Expenses included in Column 7 (informational only)	0	0	0	0	0	0	0	0	0	0

SUPPLEMENT FOR THE YEAR 2018 OF THE UnitedHealthcare Insurance Company

SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 3 (Continued)

	All Expenses	Improving Health Care Quality Expenses						Claims Adjustment Expenses		9	10
		1 Improve Health Outcomes	2 Activities to Prevent Hospital Readmissions	3 Improve Patient Safety and Reduce Medical Errors	4 Wellness & Health Promotion Activities	5 HIT Expenses	6 Total (1 to 5)	7 Cost Containment Expenses	8 Other Claims Adjustment Expenses	General Administrative Expenses	Total Expenses (6 to 9)
7.	Small Group Expatriate Plans Expenses:										
	7.1 Salaries (including $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	7.2 Outsourced Services	0	0	0	0	0	0	0	0	0	0
	7.3 EDP Equipment and Software (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	7.4 Other Equipment (excl. EDP) (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	7.5 Accreditation and Certification (incl $ 0 for affiliated services)	0	XXX	XXX	XXX	XXX	0	0	0	0	0
	7.6 Other Expenses (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	7.7 Subtotal before Reimbursements and Taxes (Lines 7.1 to 7.6)	0	0	0	0	0	0	0	0	0	0
	7.8 Reimbursements by uninsured plans and fiscal intermediaries	0	0	0	0	0	0	0	0	0	0
	7.9 Taxes, Licenses and Fees (in total, for tying purposes)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0
	7.10 Total (7.7 to 7.9)	0	0	0	0	0	0	0	0	0	0
	7.11 Total Fraud and Abuse Detection/Recovery Expenses included in Column 7 (informational only)	0	0	0	0	0	0	0	0	0	0
8.	Large Group Expatriate Plans Expenses:										
	8.1 Salaries (including $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	8.2 Outsourced Services	0	0	0	0	0	0	0	0	0	0
	8.3 EDP Equipment and Software (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	8.4 Other Equipment (excl. EDP) (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	8.5 Accreditation and Certification (incl $ 0 for affiliated services)	0	XXX	XXX	XXX	XXX	0	0	0	0	0
	8.6 Other Expenses (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	8.7 Subtotal before Reimbursements and Taxes (Lines 8.1 to 8.6)	0	0	0	0	0	0	0	0	0	0
	8.8 Reimbursements by uninsured plans and fiscal intermediaries	0	0	0	0	0	0	0	0	0	0
	8.9 Taxes, Licenses and Fees (in total, for tying purposes)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0
	8.10 Total (8.7 to 8.9)	0	0	0	0	0	0	0	0	0	0
	8.11 Total Fraud and Abuse Detection/Recovery Expenses included in Column 7 (informational only)	0	0	0	0	0	0	0	0	0	0
9.	Student Health Plans Expenses:										
	9.1 Salaries (including $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	9.2 Outsourced Services	0	0	0	0	0	0	0	0	0	0
	9.3 EDP Equipment and Software (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	9.4 Other Equipment (excl. EDP) (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	9.5 Accreditation and Certification (incl $ 0 for affiliated services)	0	XXX	XXX	XXX	XXX	0	0	0	0	0
	9.6 Other Expenses (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	9.7 Subtotal before Reimbursements and Taxes (Lines 9.1 to 9.6)	0	0	0	0	0	0	0	0	0	0
	9.8 Reimbursements by uninsured plans and fiscal intermediaries	0	0	0	0	0	0	0	0	0	0
	9.9 Taxes, Licenses and Fees (in total, for tying purposes)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0
	9.10 Total (9.7 to 9.9)	0	0	0	0	0	0	0	0	0	0
	9.11 Total Fraud and Abuse Detection/Recovery Expenses included in Column 7 (informational only)	0	0	0	0	0	0	0	0	0	0

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SUPPLEMENT FOR THE YEAR 2018 OF THE UnitedHealthcare Insurance Company

SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 1

(To Be Filed by April 1 - Not for Rebate Purposes - See Cautionary Statement at http://www.naic.org/documents/committees_e_app_blanks_related_shce_cautionary_statement.pdf)

REPORT FOR: 1. CORPORATION UnitedHealthcare Insurance Company 2. 185 Asylum Street Hartford, CT 061033408 (LOCATION)

NAIC Group Code 0707 BUSINESS IN THE STATE OF Nevada DURING THE YEAR 2018 NAIC Company Code 79413

	Business Subject to MLR								9	10	11	12	13	14	15
	Comprehensive Health Coverage			Mini-Med Plans			Expatriate Plans								
	1 Individual	2 Small Group Employer	3 Large Group Employer	4 Individual	5 Small Group Employer	6 Large Group Employer	7 Small Group	8 Large Group	Student Health Plans	Government Business (excluded by statute)	Other Health Business	Medicare Advantage Part C and Medicare Part D Stand-Alone Subject to ACA	Subtotal (Cols. 1 through 12)	Uninsured Plans	Total 13 + 14
1. Premium:															
1.1 Health premiums earned (From Part 2, Line 1.11)	638,251	64,352,701	71,636,895	0	0	0	0	0	0	0	140,368,837	35,160,952	312,157,636	XXX	312,157,636
1.2 Federal high risk pools	0	0	0	0	0	0	0	0	0	0	0	0	0	XXX	0
1.3 State high risk pools	(28)	(2,583)	(4,602)	0	0	0	0	0	0	0	65,800	0	58,586	XXX	58,586
1.4 Premiums earned including state and federal high risk programs (Lines 1.1 + 1.2 + 1.3)	638,223	64,350,118	71,632,293	0	0	0	0	0	0	0	140,434,637	35,160,952	312,216,223	XXX	312,216,223
1.5 Federal taxes and federal assessments	78,285	2,049,365	2,231,891	0	0	0	0	0	0	198,721	1,702,480	1,600,342	7,861,084	126,286	7,987,371
1.6 State insurance, premium and other taxes (Similar local taxes of $ 33,753)	27,549	2,051,540	1,982,727	0	0	0	0	0	0	0	2,298,493	4,483	6,364,791	362	6,365,153
1.6a Community Benefit Expenditures (informational only)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
1.7 Regulatory authority licenses and fees	11	1,025	3,222	0	0	0	0	0	0	0	(27,715)	0	(23,456)	0	(23,456)
1.8 Adjusted Premiums Earned (Lines 1.4 - 1.5 - 1.6 - 1.7)	532,378	60,248,189	67,414,453	0	0	0	0	0	0	(198,721)	136,461,378	33,556,127	298,013,804	XXX	297,887,155
1.9 Net Assumed less Ceded reinsurance premiums earned	414,618	128,228	(9,972,022)	0	0	0	0	0	0	997,374	(156,990)	1,198,680	(7,390,111)	XXX	(7,390,111)
1.10 Other Adjustments due to MLR calculations - Premiums	0	16,816	40	0	0	0	0	0	0	0	2,485	252,160	271,500	XXX	271,500
1.11 Risk Revenue	0	0	0	0	0	0	0	0	0	0	0	0	0	XXX	0
1.12 Net adjusted premiums earned after reinsurance (Lines 1.8 + 1.9 + 1.10 + 1.11)	946,996	60,393,233	57,442,471	0	0	0	0	0	0	798,653	136,306,873	35,006,967	290,895,193	XXX	290,768,545
2. Claims:															
2.1 Incurred claims excluding prescription drugs	443,756	43,239,330	49,954,649	0	0	0	0	0	0	0	108,960,402	1,163,011	203,761,147	XXX	203,761,147
2.2 Prescription drugs	69,351	8,881,082	10,354,131	0	0	0	0	0	0	0	998,673	53,540,981	73,844,219	XXX	73,844,219
2.3 Pharmaceutical rebates	19,957	2,537,552	3,056,547	0	0	0	0	0	0	0	31,661	28,577,265	34,222,982	XXX	34,222,982
2.4 State stop loss, market stabilization and claim/census based assessments (informational only)	9	28,330	73,059	0	0	0	0	0	0	0	0	0	101,398	XXX	101,398
3. Incurred medical incentive pools and bonuses	0	17,288	59,548	0	0	0	0	0	0	0	0	0	76,836	XXX	76,836
4. Deductible Fraud and Abuse Detection/Recovery Expenses (for MLR use only)	15	4,497	759	0	0	0	0	0	0	0	0	16	5,287	0	5,287
5. 5.0 Total Incurred Claims (Lines 2.1 + 2.2 - 2.3 + 3) (From Part 2, Line 2.15)	493,150	49,600,148	57,311,781	0	0	0	0	0	0	0	109,927,414	26,126,727	243,459,220	XXX	243,459,220
5.1 Net Assumed less Ceded reinsurance claims incurred	65,100	(41,440)	(8,937,179)	0	0	0	0	0	0	0	(653,240)	0	(9,566,758)	XXX	(9,566,758)
5.2 Other Adjustments due to MLR calculations - Claims	0	(1,568,926)	(1,032,730)	0	0	0	0	0	0	0	0	0	(2,601,656)	XXX	(2,601,656)
5.3 Rebates paid	0	1,717,987	0	0	0	0	0	0	0	XXX	XXX	0	1,717,987	XXX	1,717,987
5.4 Estimated rebates unpaid prior year	0	1,842,852	0	0	0	0	0	0	0	XXX	XXX	0	1,842,852	XXX	1,842,852
5.5 Estimated rebates unpaid current year	0	1,693,791	1,032,730	0	0	0	0	0	0	XXX	XXX	0	2,726,521	XXX	2,726,521
5.6 Fee for service and co-pay revenue	0	0	0	0	0	0	0	0	0	0	0	0	0	XXX	0
5.7 Net incurred claims after reinsurance (Lines 5.0 + 5.1 + 5.2 + 5.3 - 5.4 + 5.5 - 5.6)	558,250	49,558,708	48,374,603	0	0	0	0	0	0	0	109,274,174	26,126,727	233,892,462	XXX	233,892,462
6. Improving Health Care Quality Expenses Incurred:															
6.1 Improve health outcomes	5,106	514,822	573,095	0	0	0	0	0	0	0	395,578	52,139	1,540,740	9,934	1,550,674
6.2 Activities to prevent hospital readmissions	0	0	0	0	0	0	0	0	0	0	245,172	15,096	260,268	3,215	263,483
6.3 Improve patient safety and reduce medical errors	0	0	0	0	0	0	0	0	0	0	196,261	111,709	307,970	7,356	315,326
6.4 Wellness and health promotion activities	0	0	0	0	0	0	0	0	0	0	858,703	(26,810)	831,893	3,416	835,309
6.5 Health Information Technology expenses related to health improvement	0	0	0	0	0	0	0	0	0	0	102,697	109,429	212,125	10,376	222,501
6.6 Total of Defined Expenses Incurred for Improving Health Care Quality (Lines 6.1+6.2+6.3+6.4+6.5)	5,106	514,822	573,095	0	0	0	0	0	0	0	1,798,411	261,564	3,152,998	34,296	3,187,294
7. Preliminary Medical Loss Ratio: MLR ((Lines 4 + 5.0 + 6.6 - Footnote 2.0)/Line 1.8	0.936	0.832	0.859	0.000	0.000	0.000	0.000	0.000	0.000	XXX	XXX	0.786	XXX	XXX	XXX
8. Claims Adjustment Expenses:															
8.1 Cost containment expenses not included in quality of care expenses in Line 6.6	8,135	850,587	849,287	0	0	0	0	0	0	0	355,527	445,718	2,509,255	84,158	2,593,413
8.2 All other claims adjustment expenses	12,715	1,101,735	1,047,751	0	0	0	0	0	0	0	2,146,849	2,359,911	6,668,961	62,717	6,731,678
8.3 Total claims adjustment expenses (Lines 8.1 + 8.2)	20,850	1,952,322	1,897,038	0	0	0	0	0	0	0	2,502,376	2,805,630	9,178,216	146,875	9,325,091
9. Claims Adjustment Expense Ratio (Line 8.3/Line 1.8)	0.039	0.032	0.028	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.018	0.084	XXX	XXX	XXX

SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 1 (Continued)

	Business Subject to MLR									10	11	12	13	14	15
	Comprehensive Health Coverage			Mini-Med Plans			Expatriate Plans		9						
	1 Individual	2 Small Group Employer	3 Large Group Employer	4 Individual	5 Small Group Employer	6 Large Group Employer	7 Small Group	8 Large Group	Student Health Plans	Government Business (excluded by statute)	Other Health Business	Medicare Advantage Part C and Medicare Part D Stand-Alone Subject to ACA	Subtotal (Cols. 1 through 12)	Uninsured Plans	Total 13 + 14
10. General and Administrative (G&A) Expenses:															
10.1 Direct sales salaries and benefits	2,784	259,048	328,088	0	0	0	0	0	0	0	358,765	80,140	1,028,825	44,005	1,072,831
10.2 Agents and brokers fees and commissions	29,583	2,674,153	2,559,845	0	0	0	0	0	0	0	5,818,330	397,405	11,479,315	0	11,479,315
10.3 Other taxes (excluding taxes on Lines 1.5 through 1.7 and Line 14 below)	(150)	6,449	80,000	0	0	0	0	0	0	0	241,226	74,250	401,775	(102)	401,673
10.4 Other general and administrative expenses	34,583	3,214,214	1,707,346	0	0	0	0	0	0	0	12,222,715	2,284,312	19,463,170	(12,323)	19,450,847
10.4a Community Benefit Expenditures (informational only)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
10.5 Total general and administrative (Lines 10.1 +10.2 + 10.3 + 10.4)	66,800	6,153,863	4,675,279	0	0	0	0	0	0	0	18,641,037	2,836,106	32,373,084	31,581	32,404,665
11. Underwriting Gain/(Loss) (Lines 1.12 - 5.7 - 6.6 - 8.3 - 10.5)	295,990	2,213,518	1,922,457	0	0	0	0	0	0	798,653	4,090,875	2,976,940	12,298,434	XXX	11,959,033
12. Income from fees of uninsured plans	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	846,942	846,942
13. Net investment and other gain/(loss)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	4,077,915	XXX	4,077,915
14. Federal income taxes (excluding taxes on Line 1.5 above)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	(290,942)	XXX	(290,942)
15. Net gain or (loss) (Lines 11 + 12 + 13 - 14)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	16,667,291	XXX	17,174,832
16. ICD-10 Implementation Expenses (informational only; already included in general expenses and line 10.4)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
16. 16a ICD-10 Implementation Expenses (informational only; already included in line 10.4)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
OTHER INDICATORS:															
1. Number of certificates/policies	68	8,173	9,722	0	0	0	0	0	0	0	103,946	35,292	157,201	0	157,201
2. Number of Covered Lives	130	14,416	16,879	0	0	0	0	0	0	0	146,027	35,292	212,744	0	212,744
3. Number of Groups	XXX	1,381	146	XXX	0	0	0	0	0	0	1,878	1	3,406	0	3,406
4. Member Months	1,558	144,891	176,780	0	0	0	0	0	0	0	1,786,295	425,651	2,535,175	0	2,535,175

Is run off business reported in Columns 1 through 9 or 12? Yes [ ] No [ ] If yes, show the amount of premiums and claims included. Premiums $ 0 Claims $ 0

AFFORDABLE CARE ACT (ACA) RECEIPTS, PAYMENTS, RECEIVABLES and PAYABLES

	Current Year Comprehensive Health Coverage		Prior Year Comprehensive Health Coverage	
	1 Individual Plans	2 Small Group Employer Plans	3 Individual Plans	4 Small Group Employer Plans
ACA Receivables and Payables				
1. Permanent ACA Risk Adjustment Program 1.0 Premium adjustments receivable/(payable)	(52,524)	278,439	(94,359)	(97,964)
2. Transitional ACA Reinsurance Program 2.0 Total amounts recoverable for claims (paid & unpaid)	0	XXX	0	XXX
3. Temporary ACA Risk Corridors Program 3.1 Accrued retrospective premium	0	0	0	0
3.2 Reserve for rate credits or policy experience refunds	0	0	0	0
ACA Receipts and Payments				
4. Permanent ACA Risk Adjustment Program 4.0 Premium adjustments receipts/(payments)	(103,879)	674,973	7,721	531,135
5. Transitional ACA Reinsurance Program 5.0 Amounts received for claims	0	XXX	0	XXX
6. Temporary ACA Risk Corridors Program 6.1 Retrospective premium received	0	0	0	0
6.2 Rate credits or policy experience refunds paid	0	0	0	0

SUPPLEMENT FOR THE YEAR 2018 OF THE UnitedHealthcare Insurance Company

SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 2

(To Be Filed by April 1 - Not for Rebate Purposes)

REPORT FOR: 1. CORPORATION UnitedHealthcare Insurance Company 2. 185 Asylum Street Hartford, CT 061033408 (LOCATION)

NAIC Group Code 0707 BUSINESS IN THE STATE OF Nevada DURING THE YEAR 2018 NAIC Company Code 79413

	Business Subject to MLR												
	Comprehensive Health Coverage			Mini-Med Plans			Expatriate Plans:		9	10	11	12	13
	1 Individual	2 Small Group Employer	3 Large Group Employer	4 Individual	5 Small Group Employer	6 Large Group Employer	7 Small Group	8 Large Group	Student Health Plans	Government Business (excluded by statute)	Other Health Business	Medicare Advantage Part C and Medicare Part D Stand-Alone Subject to ACA	Total (a)
1. Health Premiums Earned:													
1.1 Direct premiums written	638,251	64,370,048	71,636,935	0	0	0	0	0	0	0	140,440,713	35,413,112	312,499,059
1.2 Unearned premium prior year	0	11,157	0	0	0	0	0	0	0	0	42,172	0	53,329
1.3 Unearned premium current year	0	11,688	0	0	0	0	0	0	0	0	111,564	0	123,251
1.4 Change in unearned premium (Lines 1.2 - 1.3)	0	(531)	0	0	0	0	0	0	0	0	(69,392)	0	(69,922)
1.5 Paid rate credits	434	1,717,987	(434)	0	0	0	0	0	0	0	3,491,281	2,345,713	7,554,981
1.6 Reserve for rate credits current year	0	1,693,791	1,032,730	0	0	0	0	0	0	0	148,692	986,066	3,861,279
1.7 Reserve for rate credits prior year	0	1,842,852	0	0	0	0	0	0	0	0	135,927	2,171,831	4,150,611
1.8 Change in reserve for rate credits (Lines 1.6 - 1.7)	0	(149,061)	1,032,730	0	0	0	0	0	0	0	12,765	(1,185,765)	(289,332)
1.9 Premium balances written off	0	16,816	40	0	0	0	0	0	0	0	2,485	252,160	271,500
1.10 Group conversion charge	0	0	0	0	0	0	0	0	0	0	0	0	0
1.11 Total direct premiums earned (Lines 1.1 + 1.4 - 1.9 + 1.10)	638,251	64,352,701	71,636,895	0	0	0	0	0	0	0	140,368,837	35,160,952	312,157,636
1.12 Assumed premiums earned from non-affiliates	0	0	0	0	0	0	0	0	0	0	0	0	0
1.13 Net Assumed less Ceded premiums earned from affiliates	414,618	128,228	1,439,156	0	0	0	0	0	0	997,374	5,339	1,198,680	4,183,395
1.14 Ceded premiums earned to non-affiliates	0	0	11,411,177	0	0	0	0	0	0	0	162,329	0	11,573,506
1.15 Other Adjustments due to MLR calculation - Premiums	0	16,816	40	0	0	0	0	0	0	0	2,485	252,160	271,500
1.16 Net premiums earned (Lines 1.11 - 1.5 - 1.8 + 1.12 + 1.13 - 1.14 + 1.15)	1,052,436	62,928,819	60,632,617	0	0	0	0	0	0	997,374	136,710,287	35,451,844	297,773,377
2. Direct Claims Incurred:													
2.1 Paid claims during the year	492,569	44,624,842	52,112,724	0	0	0	0	0	0	0	106,541,344	25,069,569	228,841,048
2.2 Direct claim liability current year	207	7,458,737	7,617,144	0	0	0	0	0	0	0	12,462,149	758,286	28,296,523
2.3 Direct claim liability prior year	62	4,018,871	3,630,499	0	0	0	0	0	0	0	13,222,775	2,170,682	23,042,890
2.4 Direct claim reserves current year	2	200,728	214,530	0	0	0	0	0	0	0	4,249,590	0	4,664,850
2.5 Direct claim reserves prior year	0	99,992	123,940	0	0	0	0	0	0	0	3,556,125	0	3,780,057
2.6 Direct contract reserves current year	0	0	0	0	0	0	0	0	0	0	113,562	0	113,562
2.7 Direct contract reserves prior year	0	0	0	0	0	0	0	0	0	0	154,883	0	154,883
2.8 Paid rate credits	434	1,717,987	(434)	0	0	0	0	0	0	0	3,491,281	2,345,713	7,554,981
2.9 Reserve for rate credits current year	0	1,693,791	1,032,730	0	0	0	0	0	0	0	148,692	986,066	3,861,279
2.10 Reserve for rate credits prior year	0	1,842,852	0	0	0	0	0	0	0	0	135,927	2,171,831	4,150,611
2.11 Incurred medical incentive pools and bonuses (Lines 2.11a + 2.11b - 2.11c)	0	17,288	59,548	0	0	0	0	0	0	0	0	0	76,836
2.11a Paid medical incentive pools and bonuses current year	0	7,271	25,172	0	0	0	0	0	0	0	0	0	32,443
2.11b Accrued medical incentive pools and bonuses current year	0	26,406	69,079	0	0	0	0	0	0	0	0	0	95,484
2.11c Accrued medical incentive pools and bonuses prior year	0	16,388	34,703	0	0	0	0	0	0	0	0	0	51,091
2.12 Net healthcare receivables (Lines 2.12a - 2.12b)	0	151,509	(29,978)	0	0	0	0	0	0	0	9,493	(1,309,606)	(1,178,582)
2.12a Healthcare receivables current year	0	1,122,066	1,224,043	0	0	0	0	0	0	0	9,475	9,022,627	11,378,211
2.12b Healthcare receivables prior year	0	970,557	1,254,020	0	0	0	0	0	0	0	(17)	10,332,233	12,556,794
2.13 Group conversion charge	0	0	0	0	0	0	0	0	0	0	0	0	0
2.14 Multi-option coverage blended rate adjustment	0	0	0	0	0	0	0	0	0	0	0	0	0
2.15 Total incurred claims (Lines 2.1 + 2.2 - 2.3 + 2.4 - 2.5 + 2.6 - 2.7 + 2.8 + 2.9 - 2.10 + 2.11 - 2.12 + 2.13 + 2.14)	493,150	49,600,148	57,311,781	0	0	0	0	0	0	0	109,927,414	26,126,727	243,459,220
2.16 Assumed incurred claims from non-affiliates	0	0	0	0	0	0	0	0	0	0	0	0	0
2.17 Net assumed less ceded incurred claims from affiliates	65,100	(41,440)	300,239	0	0	0	0	0	0	0	0	0	323,899
2.18 Ceded incurred claims to non-affiliates	0	0	9,237,418	0	0	0	0	0	0	0	653,240	0	9,890,658
2.19 Other adjustments due to MLR calculation - Claims	0	0	0	0	0	0	0	0	0	0	0	0	0
2.20 Net Incurred Claims (Lines 2.15 - 2.8 - 2.9 + 2.10 + 2.16 + 2.17 - 2.18 + 2.19)	557,816	47,989,782	47,342,306	0	0	0	0	0	0	0	105,770,129	24,966,779	226,626,813
3. Fraud and Abuse Recoveries that Reduced PAID Claims in Line 2.1 above (informational only)	15	4,497	759	0	0	0	0	0	0	0	0	8,787	14,059

(a) Column 13, Line 1.1 includes direct written premium of $ 22,345,657 for stand-alone dental and $ 1,889,504 for stand-alone vision policies.

SUPPLEMENT FOR THE YEAR 2018 OF THE UnitedHealthcare Insurance Company

SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 3

(To Be Filed by April 1 - Not for Rebate Purposes)

REPORT FOR: 1. CORPORATION UnitedHealthcare Insurance Company 2. 185 Asylum Street Hartford, CT 061033408 (LOCATION)

NAIC Group Code 0707 BUSINESS IN THE STATE OF Nevada DURING THE YEAR 2018 NAIC Company Code 79413

	All Expenses	Improving Health Care Quality Expenses						Claims Adjustment Expenses		9	10
		1 Improve Health Outcomes	2 Activities to Prevent Hospital Readmissions	3 Improve Patient Safety and Reduce Medical Errors	4 Wellness & Health Promotion Activities	5 HIT Expenses	6 Total (1 to 5)	7 Cost Containment Expenses	8 Other Claims Adjustment Expenses	General Administrative Expenses	Total Expenses (6 to 9)
1.	Individual Comprehensive Coverage Expenses:										
	1.1 Salaries (including $ 17,771 for affiliated services)	0	0	0	0	0	0	2,287	3,557	11,927	17,771
	1.2 Outsourced Services	0	0	0	0	0	0	262	599	1,059	1,920
	1.3 EDP Equipment and Software (incl $ 1,260 for affiliated services)	0	0	0	0	0	0	191	297	772	1,260
	1.4 Other Equipment (excl. EDP) (incl $ 121 for affiliated services)	0	0	0	0	0	0	18	29	74	121
	1.5 Accreditation and Certification (incl $ 13 for affiliated services)	0	XXX	XXX	XXX	XXX	0	2	3	8	13
	1.6 Other Expenses (incl $ 40,797 for affiliated services)	5,106	0	0	0	0	5,106	5,115	7,955	52,912	71,088
	1.7 Subtotal before Reimbursements and Taxes (Lines 1.1 to 1.6)	5,106	0	0	0	0	5,106	7,876	12,438	66,753	92,173
	1.8 Reimbursements by uninsured plans and fiscal intermediaries	0	0	0	0	0	0	0	0	0	0
	1.9 Taxes, Licenses and Fees (in total, for tying purposes)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	28,143	28,143
	1.10 Total (1.7 to 1.9)	5,106	0	0	0	0	5,106	7,876	12,438	94,896	120,316
	1.11 Total Fraud and Abuse Detection/Recovery Expenses included in Column 7 (informational only)	0	0	0	0	0	0	2,249	0	0	2,249
2.	Small Group Comprehensive Coverage Expenses:										
	2.1 Salaries (including $ 1,601,025 for affiliated services)	0	0	0	0	0	0	211,545	312,484	1,076,995	1,601,025
	2.2 Outsourced Services	0	0	0	0	0	0	108,432	35,811	119,350	263,593
	2.3 EDP Equipment and Software (incl $ 112,839 for affiliated services)	0	0	0	0	0	0	17,665	26,094	69,080	112,839
	2.4 Other Equipment (excl. EDP) (incl $ 10,831 for affiliated services)	0	0	0	0	0	0	1,696	2,505	6,631	10,831
	2.5 Accreditation and Certification (incl $ 1,176 for affiliated services)	0	XXX	XXX	XXX	XXX	0	184	272	720	1,176
	2.6 Other Expenses (incl $ 3,714,868 for affiliated services)	514,822	0	0	0	0	514,822	486,935	698,892	4,856,324	6,556,972
	2.7 Subtotal before Reimbursements and Taxes (Lines 2.1 to 2.6)	514,822	0	0	0	0	514,822	826,457	1,076,058	6,129,100	8,546,437
	2.8 Reimbursements by uninsured plans and fiscal intermediaries	0	0	0	0	0	0	0	0	0	0
	2.9 Taxes, Licenses and Fees (in total, for tying purposes)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	2,127,135	2,127,135
	2.10 Total (2.7 to 2.9)	514,822	0	0	0	0	514,822	826,457	1,076,058	8,256,235	10,673,571
	2.11 Total Fraud and Abuse Detection/Recovery Expenses included in Column 7 (informational only)	0	0	0	0	0	0	209,217	0	0	209,217
3.	Large Group Comprehensive Coverage Expenses:										
	3.1 Salaries (including $ 1,528,823 for affiliated services)	0	0	0	0	0	0	215,174	298,195	1,015,454	1,528,823
	3.2 Outsourced Services	0	0	0	0	0	0	93,955	34,174	113,858	241,987
	3.3 EDP Equipment and Software (incl $ 101,252 for affiliated services)	0	0	0	0	0	0	17,968	24,901	58,383	101,252
	3.4 Other Equipment (excl. EDP) (incl $ 9,719 for affiliated services)	0	0	0	0	0	0	1,725	2,390	5,604	9,719
	3.5 Accreditation and Certification (incl $ 1,055 for affiliated services)	0	XXX	XXX	XXX	XXX	0	187	260	609	1,055
	3.6 Other Expenses (incl $ 3,493,564 for affiliated services)	573,095	0	0	0	0	573,095	495,916	666,934	3,379,930	5,115,875
	3.7 Subtotal before Reimbursements and Taxes (Lines 3.1 to 3.6)	573,095	0	0	0	0	573,095	824,925	1,026,853	4,573,838	6,998,711
	3.8 Reimbursements by uninsured plans and fiscal intermediaries	0	0	0	0	0	0	0	0	0	0
	3.9 Taxes, Licenses and Fees (in total, for tying purposes)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	2,132,650	2,132,650
	3.10 Total (3.7 to 3.9)	573,095	0	0	0	0	573,095	824,925	1,026,853	6,706,488	9,131,361
	3.11 Total Fraud and Abuse Detection/Recovery Expenses included in Column 7 (informational only)	0	0	0	0	0	0	226,432	0	0	226,432

SUPPLEMENT FOR THE YEAR 2018 OF THE UnitedHealthcare Insurance Company

SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 3 (Continued)

	All Expenses	Improving Health Care Quality Expenses						Claims Adjustment Expenses		9	10
		1 Improve Health Outcomes	2 Activities to Prevent Hospital Readmissions	3 Improve Patient Safety and Reduce Medical Errors	4 Wellness & Health Promotion Activities	5 HIT Expenses	6 Total (1 to 5)	7 Cost Containment Expenses	8 Other Claims Adjustment Expenses	General Administrative Expenses	Total Expenses (6 to 9)
4.	Individual Mini-Med Plans Expenses:										
	4.1 Salaries (including $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	4.2 Outsourced Services	0	0	0	0	0	0	0	0	0	0
	4.3 EDP Equipment and Software (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	4.4 Other Equipment (excl. EDP) (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	4.5 Accreditation and Certification (incl $ 0 for affiliated services)	0	XXX	XXX	XXX	XXX	0	0	0	0	0
	4.6 Other Expenses (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	4.7 Subtotal before Reimbursements and Taxes (Lines 4.1 to 4.6)	0	0	0	0	0	0	0	0	0	0
	4.8 Reimbursements by uninsured plans and fiscal intermediaries	0	0	0	0	0	0	0	0	0	0
	4.9 Taxes, Licenses and Fees (in total, for tying purposes)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0
	4.10 Total (4.7 to 4.9)	0	0	0	0	0	0	0	0	0	0
	4.11 Total Fraud and Abuse Detection/Recovery Expenses included in Column 7 (informational only)	0	0	0	0	0	0	0	0	0	0
5.	Small Group Mini-Med Plans Expenses:										
	5.1 Salaries (including $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	5.2 Outsourced Services	0	0	0	0	0	0	0	0	0	0
	5.3 EDP Equipment and Software (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	5.4 Other Equipment (excl. EDP) (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	5.5 Accreditation and Certification (incl $ 0 for affiliated services)	0	XXX	XXX	XXX	XXX	0	0	0	0	0
	5.6 Other Expenses (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	5.7 Subtotal before Reimbursements and Taxes (Lines 5.1 to 5.6)	0	0	0	0	0	0	0	0	0	0
	5.8 Reimbursements by uninsured plans and fiscal intermediaries	0	0	0	0	0	0	0	0	0	0
	5.9 Taxes, Licenses and Fees (in total, for tying purposes)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0
	5.10 Total (5.7 to 5.9)	0	0	0	0	0	0	0	0	0	0
	5.11 Total Fraud and Abuse Detection/Recovery Expenses included in Column 7 (informational only)	0	0	0	0	0	0	0	0	0	0
6.	Large Group Mini-Med Plans Expenses:										
	6.1 Salaries (including $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	6.2 Outsourced Services	0	0	0	0	0	0	0	0	0	0
	6.3 EDP Equipment and Software (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	6.4 Other Equipment (excl. EDP) (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	6.5 Accreditation and Certification (incl $ 0 for affiliated services)	0	XXX	XXX	XXX	XXX	0	0	0	0	0
	6.6 Other Expenses (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	6.7 Subtotal before Reimbursements and Taxes (Lines 6.1 to 6.6)	0	0	0	0	0	0	0	0	0	0
	6.8 Reimbursements by uninsured plans and fiscal intermediaries	0	0	0	0	0	0	0	0	0	0
	6.9 Taxes, Licenses and Fees (in total, for tying purposes)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0
	6.10 Total (6.7 to 6.9)	0	0	0	0	0	0	0	0	0	0
	6.11 Total Fraud and Abuse Detection/Recovery Expenses included in Column 7 (informational only)	0	0	0	0	0	0	0	0	0	0

SUPPLEMENT FOR THE YEAR 2018 OF THE UnitedHealthcare Insurance Company

SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 3 (Continued)

	All Expenses	Improving Health Care Quality Expenses						Claims Adjustment Expenses		9	10
		1 Improve Health Outcomes	2 Activities to Prevent Hospital Readmissions	3 Improve Patient Safety and Reduce Medical Errors	4 Wellness & Health Promotion Activities	5 HIT Expenses	6 Total (1 to 5)	7 Cost Containment Expenses	8 Other Claims Adjustment Expenses	General Administrative Expenses	Total Expenses (6 to 9)
7.	Small Group Expatriate Plans Expenses:										
	7.1 Salaries (including $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	7.2 Outsourced Services	0	0	0	0	0	0	0	0	0	0
	7.3 EDP Equipment and Software (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	7.4 Other Equipment (excl. EDP) (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	7.5 Accreditation and Certification (incl $ 0 for affiliated services)	0	XXX	XXX	XXX	XXX	0	0	0	0	0
	7.6 Other Expenses (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	7.7 Subtotal before Reimbursements and Taxes (Lines 7.1 to 7.6)	0	0	0	0	0	0	0	0	0	0
	7.8 Reimbursements by uninsured plans and fiscal intermediaries	0	0	0	0	0	0	0	0	0	0
	7.9 Taxes, Licenses and Fees (in total, for tying purposes)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0
	7.10 Total (7.7 to 7.9)	0	0	0	0	0	0	0	0	0	0
	7.11 Total Fraud and Abuse Detection/Recovery Expenses included in Column 7 (informational only)	0	0	0	0	0	0	0	0	0	0
8.	Large Group Expatriate Plans Expenses:										
	8.1 Salaries (including $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	8.2 Outsourced Services	0	0	0	0	0	0	0	0	0	0
	8.3 EDP Equipment and Software (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	8.4 Other Equipment (excl. EDP) (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	8.5 Accreditation and Certification (incl $ 0 for affiliated services)	0	XXX	XXX	XXX	XXX	0	0	0	0	0
	8.6 Other Expenses (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	8.7 Subtotal before Reimbursements and Taxes (Lines 8.1 to 8.6)	0	0	0	0	0	0	0	0	0	0
	8.8 Reimbursements by uninsured plans and fiscal intermediaries	0	0	0	0	0	0	0	0	0	0
	8.9 Taxes, Licenses and Fees (in total, for tying purposes)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0
	8.10 Total (8.7 to 8.9)	0	0	0	0	0	0	0	0	0	0
	8.11 Total Fraud and Abuse Detection/Recovery Expenses included in Column 7 (informational only)	0	0	0	0	0	0	0	0	0	0
9.	Student Health Plans Expenses:										
	9.1 Salaries (including $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	9.2 Outsourced Services	0	0	0	0	0	0	0	0	0	0
	9.3 EDP Equipment and Software (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	9.4 Other Equipment (excl. EDP) (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	9.5 Accreditation and Certification (incl $ 0 for affiliated services)	0	XXX	XXX	XXX	XXX	0	0	0	0	0
	9.6 Other Expenses (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	9.7 Subtotal before Reimbursements and Taxes (Lines 9.1 to 9.6)	0	0	0	0	0	0	0	0	0	0
	9.8 Reimbursements by uninsured plans and fiscal intermediaries	0	0	0	0	0	0	0	0	0	0
	9.9 Taxes, Licenses and Fees (in total, for tying purposes)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0
	9.10 Total (9.7 to 9.9)	0	0	0	0	0	0	0	0	0	0
	9.11 Total Fraud and Abuse Detection/Recovery Expenses included in Column 7 (informational only)	0	0	0	0	0	0	0	0	0	0

SUPPLEMENT FOR THE YEAR 2018 OF THE UnitedHealthcare Insurance Company

SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 1

(To Be Filed by April 1 - Not for Rebate Purposes - See Cautionary Statement at http://www.naic.org/documents/committees_e_app_blanks_related_shce_cautionary_statement.pdf)

REPORT FOR: 1. CORPORATION UnitedHealthcare Insurance Company 2. 185 Asylum Street Hartford, CT 061033408 (LOCATION)

NAIC Group Code 0707 BUSINESS IN THE STATE OF New Hampshire DURING THE YEAR 2018 NAIC Company Code 79413

	Business Subject to MLR									10	11	12	13	14	15
	Comprehensive Health Coverage			Mini-Med Plans			Expatriate Plans		9						
	1 Individual	2 Small Group Employer	3 Large Group Employer	4 Individual	5 Small Group Employer	6 Large Group Employer	7 Small Group	8 Large Group	Student Health Plans	Government Business (excluded by statute)	Other Health Business	Medicare Advantage Part C and Medicare Part D Stand-Alone Subject to ACA	Subtotal (Cols. 1 through 12)	Uninsured Plans	Total 13 + 14
1. Premium:															
1.1 Health premiums earned (From Part 2, Line 1.11)	47,527	4,774,091	13,324,056	0	0	0	0	0	0	0	74,052,993	37,109,932	129,308,599	XXX	129,308,599
1.2 Federal high risk pools	0	0	0	0	0	0	0	0	0	0	0	0	0	XXX	0
1.3 State high risk pools	(1)	(321)	(587)	0	0	0	0	0	0	0	42,950	0	42,040	XXX	42,040
1.4 Premiums earned including state and federal high risk programs (Lines 1.1 + 1.2 + 1.3)	47,526	4,773,770	13,323,469	0	0	0	0	0	0	0	74,095,943	37,109,932	129,350,640	XXX	129,350,640
1.5 Federal taxes and federal assessments	7,645	262,685	293,771	0	0	0	0	0	0	0	520,306	2,659,479	3,743,886	0	3,743,886
1.6 State insurance, premium and other taxes (Similar local taxes of $ 442,903)	4,566	373,791	488,570	0	0	0	0	0	0	0	759,579	279,182	1,905,689	0	1,905,689
1.6a Community Benefit Expenditures (informational only)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
1.7 Regulatory authority licenses and fees	19	3,902	8,150	0	0	0	0	0	0	0	(17,860)	0	(5,789)	0	(5,789)
1.8 Adjusted Premiums Earned (Lines 1.4 - 1.5 - 1.6 - 1.7)	35,296	4,133,393	12,532,978	0	0	0	0	0	0	0	72,833,917	34,171,271	123,706,854	XXX	123,706,854
1.9 Net Assumed less Ceded reinsurance premiums earned	0	83	(5,363,809)	0	0	0	0	0	0	0	(15,012)	75,301	(5,303,438)	XXX	(5,303,438)
1.10 Other Adjustments due to MLR calculations - Premiums	0	0	0	0	0	0	0	0	0	0	259	262,480	262,739	XXX	262,739
1.11 Risk Revenue	0	0	0	0	0	0	0	0	0	0	0	0	0	XXX	0
1.12 Net adjusted premiums earned after reinsurance (Lines 1.8 + 1.9 + 1.10 + 1.11)	35,296	4,133,475	7,169,168	0	0	0	0	0	0	0	72,819,164	34,509,052	118,666,156	XXX	118,666,156
2. Claims:															
2.1 Incurred claims excluding prescription drugs	5,220	2,699,018	9,070,652	0	0	0	0	0	0	0	58,397,757	8,943,155	79,115,801	XXX	79,115,801
2.2 Prescription drugs	764	580,696	2,260,711	0	0	0	0	0	0	0	333,837	41,694,316	44,870,324	XXX	44,870,324
2.3 Pharmaceutical rebates	269	255,554	782,462	0	0	0	0	0	0	0	33,917	24,999,241	26,071,442	XXX	26,071,442
2.4 State stop loss, market stabilization and claim/census based assessments (informational only)	28	37,352	117,607	0	0	0	0	0	0	0	0	0	154,987	XXX	154,987
3. Incurred medical incentive pools and bonuses	0	1,529	3,411	0	0	0	0	0	0	0	0	0	4,939	XXX	4,939
4. Deductible Fraud and Abuse Detection/Recovery Expenses (for MLR use only)	0	28	114	0	0	0	0	0	0	0	0	213	355	0	355
5. 5.0 Total Incurred Claims (Lines 2.1 + 2.2 - 2.3 + 3) (From Part 2, Line 2.15)	5,716	3,025,689	10,552,312	0	0	0	0	0	0	0	58,697,676	25,638,229	97,919,623	XXX	97,919,623
5.1 Net Assumed less Ceded reinsurance claims incurred	0	10,858	(4,420,305)	0	0	0	0	0	0	0	116	(4,996)	(4,414,327)	XXX	(4,414,327)
5.2 Other Adjustments due to MLR calculations - Claims	0	0	0	0	0	0	0	0	0	0	0	0	0	XXX	0
5.3 Rebates paid	0	0	0	0	0	0	0	0	0	XXX	XXX	0	0	XXX	0
5.4 Estimated rebates unpaid prior year	0	0	0	0	0	0	0	0	0	XXX	XXX	0	0	XXX	0
5.5 Estimated rebates unpaid current year	0	0	0	0	0	0	0	0	0	XXX	XXX	0	0	XXX	0
5.6 Fee for service and co-pay revenue	0	0	0	0	0	0	0	0	0	0	0	0	0	XXX	0
5.7 Net incurred claims after reinsurance (Lines 5.0 + 5.1 + 5.2 + 5.3 - 5.4 + 5.5 - 5.6)	5,716	3,036,547	6,132,007	0	0	0	0	0	0	0	58,697,793	25,633,233	93,505,296	XXX	93,505,296
6. Improving Health Care Quality Expenses Incurred:															
6.1 Improve health outcomes	380	38,193	106,592	0	0	0	0	0	0	0	265,061	73,183	483,410	0	483,410
6.2 Activities to prevent hospital readmissions	0	0	0	0	0	0	0	0	0	0	185,129	27,022	212,151	0	212,151
6.3 Improve patient safety and reduce medical errors	0	0	0	0	0	0	0	0	0	0	137,800	17,513	155,313	0	155,313
6.4 Wellness and health promotion activities	0	0	0	0	0	0	0	0	0	0	575,060	(31,007)	544,053	0	544,053
6.5 Health Information Technology expenses related to health improvement	0	0	0	0	0	0	0	0	0	0	56,031	55,886	111,917	0	111,917
6.6 Total of Defined Expenses Incurred for Improving Health Care Quality (Lines 6.1+6.2+6.3+6.4+6.5)	380	38,193	106,592	0	0	0	0	0	0	0	1,219,081	142,597	1,506,844	0	1,506,844
7. Preliminary Medical Loss Ratio: MLR ((Lines 4 + 5.0 + 6.6 - Footnote 2.0)/Line 1.8	0.173	0.741	0.850	0.000	0.000	0.000	0.000	0.000	0.000	XXX	XXX	0.754	XXX	XXX	XXX
8. Claims Adjustment Expenses:															
8.1 Cost containment expenses not included in quality of care expenses in Line 6.6	426	51,415	139,874	0	0	0	0	0	0	0	19,526	(175,746)	35,494	0	35,494
8.2 All other claims adjustment expenses	625	70,585	142,745	0	0	0	0	0	0	0	1,026,630	476,682	1,717,267	0	1,717,267
8.3 Total claims adjustment expenses (Lines 8.1 + 8.2)	1,052	121,999	282,618	0	0	0	0	0	0	0	1,046,157	300,936	1,752,762	0	1,752,762
9. Claims Adjustment Expense Ratio (Line 8.3/Line 1.8)	0.030	0.030	0.023	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.014	0.009	XXX	XXX	XXX

SUPPLEMENT FOR THE YEAR 2018 OF THE UnitedHealthcare Insurance Company

SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 1 (Continued)

	Business Subject to MLR									10	11	12	13	14	15
	Comprehensive Health Coverage			Mini-Med Plans			Expatriate Plans		9						
	1 Individual	2 Small Group Employer	3 Large Group Employer	4 Individual	5 Small Group Employer	6 Large Group Employer	7 Small Group	8 Large Group	Student Health Plans	Government Business (excluded by statute)	Other Health Business	Medicare Advantage Part C and Medicare Part D Stand-Alone Subject to ACA	Subtotal (Cols. 1 through 12)	Uninsured Plans	Total 13 + 14
10. General and Administrative (G&A) Expenses:															
10.1 Direct sales salaries and benefits	141	16,143	57,174	0	0	0	0	0	0	0	88,187	89,753	251,398	0	251,398
10.2 Agents and brokers fees and commissions	524	109,048	377,821	0	0	0	0	0	0	0	2,597,121	180,432	3,264,946	0	3,264,946
10.3 Other taxes (excluding taxes on Lines 1.5 through 1.7 and Line 14 below)	(746)	1,437	13,965	0	0	0	0	0	0	0	100,965	74,100	189,720	0	189,720
10.4 Other general and administrative expenses	1,006	184,483	494,006	0	0	0	0	0	0	0	7,133,708	2,383,570	10,196,773	0	10,196,773
10.4a Community Benefit Expenditures (informational only)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
10.5 Total general and administrative (Lines 10.1 +10.2 + 10.3 + 10.4)	926	311,111	942,965	0	0	0	0	0	0	0	9,919,980	2,727,855	13,902,837	0	13,902,837
11. Underwriting Gain/(Loss) (Lines 1.12 - 5.7 - 6.6 - 8.3 - 10.5)	27,222	625,626	(295,015)	0	0	0	0	0	0	0	1,936,153	5,704,431	7,998,417	XXX	7,998,417
12. Income from fees of uninsured plans	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0
13. Net investment and other gain/(loss)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1,523,248	XXX	1,523,248
14. Federal income taxes (excluding taxes on Line 1.5 above)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	88,589	XXX	88,589
15. Net gain or (loss) (Lines 11 + 12 + 13 - 14)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	9,433,075	XXX	9,433,075
16. ICD-10 Implementation Expenses (informational only; already included in general expenses and line 10.4)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
16. 16a ICD-10 Implementation Expenses (informational only; already included in line 10.4)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
OTHER INDICATORS:															
1. Number of certificates/policies	39	390	1,352	0	0	0	0	0	0	0	32,880	33,360	68,021	0	68,021
2. Number of Covered Lives	1	803	2,491	0	0	0	0	0	0	0	33,651	33,360	70,306	0	70,306
3. Number of Groups	XXX	61	17	XXX	0	0	0	0	0	0	67	1	146	0	146
4. Member Months	79	9,034	26,806	0	0	0	0	0	0	0	413,241	410,882	860,042	0	860,042

Is run off business reported in Columns 1 through 9 or 12? Yes [ ] No [ ] If yes, show the amount of premiums and claims included. Premiums $ 0 Claims $ 0

216-2.NH

AFFORDABLE CARE ACT (ACA) RECEIPTS, PAYMENTS, RECEIVABLES and PAYABLES

	Current Year Comprehensive Health Coverage		Prior Year Comprehensive Health Coverage	
	1 Individual Plans	2 Small Group Employer Plans	3 Individual Plans	4 Small Group Employer Plans
ACA Receivables and Payables				
1. Permanent ACA Risk Adjustment Program 1.0 Premium adjustments receivable/(payable)	0	(789,462)	0	127,797
2. Transitional ACA Reinsurance Program 2.0 Total amounts recoverable for claims (paid & unpaid)	0	XXX	0	XXX
3. Temporary ACA Risk Corridors Program 3.1 Accrued retrospective premium	0	0	0	0
3.2 Reserve for rate credits or policy experience refunds	0	0	0	0
ACA Receipts and Payments				
4. Permanent ACA Risk Adjustment Program 4.0 Premium adjustments receipts/(payments)	0	347,580	0	(178,155)
5. Transitional ACA Reinsurance Program 5.0 Amounts received for claims	0	XXX	0	XXX
6. Temporary ACA Risk Corridors Program 6.1 Retrospective premium received	0	0	0	0
6.2 Rate credits or policy experience refunds paid	0	0	0	0

SUPPLEMENT FOR THE YEAR 2018 OF THE UnitedHealthcare Insurance Company

SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 2

(To Be Filed by April 1 - Not for Rebate Purposes)

REPORT FOR: 1. CORPORATION UnitedHealthcare Insurance Company 2. 185 Asylum Street Hartford, CT 061033408 (LOCATION)

NAIC Group Code 0707 BUSINESS IN THE STATE OF New Hampshire DURING THE YEAR 2018 NAIC Company Code 79413

	Business Subject to MLR									10	11	12	13
	Comprehensive Health Coverage			Mini-Med Plans			Expatriate Plans:		9				
	1	2	3	4	5	6	7	8					
	Individual	Small Group Employer	Large Group Employer	Individual	Small Group Employer	Large Group Employer	Small Group	Large Group	Student Health Plans	Government Business (excluded by statute)	Other Health Business	Medicare Advantage Part C and Medicare Part D Stand-Alone Subject to ACA	Total (a)
1. Health Premiums Earned:													
1.1 Direct premiums written	47,527	4,776,670	13,324,056	0	0	0	0	0	0	0	74,053,490	37,372,412	129,574,155
1.2 Unearned premium prior year	0	1,394	0	0	0	0	0	0	0	0	0	0	1,394
1.3 Unearned premium current year	0	3,973	0	0	0	0	0	0	0	0	238	0	4,211
1.4 Change in unearned premium (Lines 1.2 - 1.3)	0	(2,579)	0	0	0	0	0	0	0	0	(238)	0	(2,817)
1.5 Paid rate credits	0	0	0	0	0	0	0	0	0	0	(4,129,213)	0	(4,129,213)
1.6 Reserve for rate credits current year	0	0	0	0	0	0	0	0	0	0	6,410	(2,458)	3,952
1.7 Reserve for rate credits prior year	0	0	0	0	0	0	0	0	0	0	0	712,711	712,711
1.8 Change in reserve for rate credits (Lines 1.6 - 1.7)	0	0	0	0	0	0	0	0	0	0	6,410	(715,169)	(708,759)
1.9 Premium balances written off	0	0	0	0	0	0	0	0	0	0	259	262,480	262,739
1.10 Group conversion charge	0	0	0	0	0	0	0	0	0	0	0	0	0
1.11 Total direct premiums earned (Lines 1.1 + 1.4 - 1.9 + 1.10)	47,527	4,774,091	13,324,056	0	0	0	0	0	0	0	74,052,993	37,109,932	129,308,599
1.12 Assumed premiums earned from non-affiliates	0	0	5,377,353	0	0	0	0	0	0	0	0	0	5,377,353
1.13 Net Assumed less Ceded premiums earned from affiliates	0	83	848	0	0	0	0	0	0	0	0	75,301	76,232
1.14 Ceded premiums earned to non-affiliates	0	0	10,742,010	0	0	0	0	0	0	0	15,012	0	10,757,022
1.15 Other Adjustments due to MLR calculation - Premiums	0	0	0	0	0	0	0	0	0	0	259	262,480	262,739
1.16 Net premiums earned (Lines 1.11 - 1.5 - 1.8 + 1.12 + 1.13 - 1.14 + 1.15)	47,527	4,774,174	7,960,246	0	0	0	0	0	0	0	78,161,043	38,162,883	129,105,873
2. Direct Claims Incurred:													
2.1 Paid claims during the year	5,713	3,011,850	10,582,698	0	0	0	0	0	0	0	61,060,896	26,554,716	101,215,874
2.2 Direct claim liability current year	16	246,054	1,232,573	0	0	0	0	0	0	0	5,884,815	2,934,119	10,297,578
2.3 Direct claim liability prior year	13	236,719	1,241,364	0	0	0	0	0	0	0	6,631,792	3,620,500	11,730,387
2.4 Direct claim reserves current year	0	7,648	29,924	0	0	0	0	0	0	0	2,042,448	1,776	2,081,797
2.5 Direct claim reserves prior year	0	5,948	26,414	0	0	0	0	0	0	0	1,984,427	4,074	2,020,863
2.6 Direct contract reserves current year	0	0	0	0	0	0	0	0	0	0	9,788,345	0	9,788,345
2.7 Direct contract reserves prior year	0	0	0	0	0	0	0	0	0	0	7,329,491	0	7,329,491
2.8 Paid rate credits	0	0	0	0	0	0	0	0	0	0	(4,129,213)	0	(4,129,213)
2.9 Reserve for rate credits current year	0	0	0	0	0	0	0	0	0	0	6,410	(2,458)	3,952
2.10 Reserve for rate credits prior year	0	0	0	0	0	0	0	0	0	0	0	712,711	712,711
2.11 Incurred medical incentive pools and bonuses (Lines 2.11a + 2.11b - 2.11c)	0	1,529	3,411	0	0	0	0	0	0	0	0	0	4,939
2.11a Paid medical incentive pools and bonuses current year	0	215	1,302	0	0	0	0	0	0	0	0	0	1,518
2.11b Accrued medical incentive pools and bonuses current year	0	1,931	4,867	0	0	0	0	0	0	0	0	0	6,798
2.11c Accrued medical incentive pools and bonuses prior year	0	618	2,759	0	0	0	0	0	0	0	0	0	3,377
2.12 Net healthcare receivables (Lines 2.12a - 2.12b)	0	(1,275)	28,517	0	0	0	0	0	0	0	10,316	(487,360)	(449,802)
2.12a Healthcare receivables current year	0	93,302	340,026	0	0	0	0	0	0	0	10,316	7,827,583	8,271,227
2.12b Healthcare receivables prior year	0	94,577	311,509	0	0	0	0	0	0	0	0	8,314,944	8,721,029
2.13 Group conversion charge	0	0	0	0	0	0	0	0	0	0	0	0	0
2.14 Multi-option coverage blended rate adjustment	0	0	0	0	0	0	0	0	0	0	0	0	0
2.15 Total incurred claims (Lines 2.1 + 2.2 - 2.3 + 2.4 - 2.5 + 2.6 - 2.7 + 2.8 + 2.9 - 2.10 + 2.11 - 2.12 + 2.13 + 2.14)	5,716	3,025,689	10,552,312	0	0	0	0	0	0	0	58,697,676	25,638,229	97,919,623
2.16 Assumed incurred claims from non-affiliates	0	0	4,351,916	0	0	0	0	0	0	0	0	0	4,351,916
2.17 Net assumed less ceded incurred claims from affiliates	0	10,858	6,725	0	0	0	0	0	0	0	0	(4,996)	12,587
2.18 Ceded incurred claims to non-affiliates	0	0	8,778,946	0	0	0	0	0	0	0	(116)	0	8,778,830
2.19 Other adjustments due to MLR calculation - Claims	0	0	0	0	0	0	0	0	0	0	0	0	0
2.20 Net Incurred Claims (Lines 2.15 - 2.8 - 2.9 + 2.10 + 2.16 + 2.17 - 2.18 + 2.19)	5,716	3,036,547	6,132,007	0	0	0	0	0	0	0	62,820,596	26,348,403	98,343,268
3. Fraud and Abuse Recoveries that Reduced PAID Claims in Line 2.1 above (informational only)	0	28	114	0	0	0	0	0	0	0	0	213	355

(a) Column 13, Line 1.1 includes direct written premium of $ 366,743 for stand-alone dental and $ 86,306 for stand-alone vision policies.

SUPPLEMENT FOR THE YEAR 2018 OF THE UnitedHealthcare Insurance Company

SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 3

(To Be Filed by April 1 - Not for Rebate Purposes)

REPORT FOR: 1. CORPORATION UnitedHealthcare Insurance Company 2. 185 Asylum Street Hartford, CT 061033408 (LOCATION)

NAIC Group Code 0707 BUSINESS IN THE STATE OF New Hampshire DURING THE YEAR 2018 NAIC Company Code 79413

	All Expenses	Improving Health Care Quality Expenses						Claims Adjustment Expenses		9	10
		1 Improve Health Outcomes	2 Activities to Prevent Hospital Readmissions	3 Improve Patient Safety and Reduce Medical Errors	4 Wellness & Health Promotion Activities	5 HIT Expenses	6 Total (1 to 5)	7 Cost Containment Expenses	8 Other Claims Adjustment Expenses	General Administrative Expenses	Total Expenses (6 to 9)
1.	Individual Comprehensive Coverage Expenses:										
	1.1 Salaries (including $ 688 for affiliated services)	0	0	0	0	0	0	115	178	395	688
	1.2 Outsourced Services	0	0	0	0	0	0	29	20	29	78
	1.3 EDP Equipment and Software (incl $ 46 for affiliated services)	0	0	0	0	0	0	10	15	22	46
	1.4 Other Equipment (excl. EDP) (incl $ 4 for affiliated services)	0	0	0	0	0	0	1	1	2	4
	1.5 Accreditation and Certification (incl $ 0 for affiliated services)	0	XXX	XXX	XXX	XXX	0	0	0	0	0
	1.6 Other Expenses (incl $ 1,567 for affiliated services)	380	0	0	0	0	380	258	397	1,214	2,250
	1.7 Subtotal before Reimbursements and Taxes (Lines 1.1 to 1.6)	380	0	0	0	0	380	413	611	1,662	3,067
	1.8 Reimbursements by uninsured plans and fiscal intermediaries	0	0	0	0	0	0	0	0	0	0
	1.9 Taxes, Licenses and Fees (in total, for tying purposes)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	3,876	3,876
	1.10 Total (1.7 to 1.9)	380	0	0	0	0	380	413	611	5,538	6,943
	1.11 Total Fraud and Abuse Detection/Recovery Expenses included in Column 7 (informational only)	0	0	0	0	0	0	114	0	0	114
2.	Small Group Comprehensive Coverage Expenses:										
	2.1 Salaries (including $ 103,652 for affiliated services)	0	0	0	0	0	0	13,266	20,032	70,353	103,652
	2.2 Outsourced Services	0	0	0	0	0	0	4,996	2,296	8,878	16,170
	2.3 EDP Equipment and Software (incl $ 7,356 for affiliated services)	0	0	0	0	0	0	1,108	1,673	4,575	7,356
	2.4 Other Equipment (excl. EDP) (incl $ 706 for affiliated services)	0	0	0	0	0	0	106	161	439	706
	2.5 Accreditation and Certification (incl $ 77 for affiliated services)	0	XXX	XXX	XXX	XXX	0	12	17	48	77
	2.6 Other Expenses (incl $ 239,493 for affiliated services)	38,193	0	0	0	0	38,193	30,421	44,804	224,239	337,657
	2.7 Subtotal before Reimbursements and Taxes (Lines 2.1 to 2.6)	38,193	0	0	0	0	38,193	49,910	68,982	308,532	465,617
	2.8 Reimbursements by uninsured plans and fiscal intermediaries	0	0	0	0	0	0	0	0	0	0
	2.9 Taxes, Licenses and Fees (in total, for tying purposes)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	383,379	383,379
	2.10 Total (2.7 to 2.9)	38,193	0	0	0	0	38,193	49,910	68,982	691,911	848,996
	2.11 Total Fraud and Abuse Detection/Recovery Expenses included in Column 7 (informational only)	0	0	0	0	0	0	13,044	0	0	13,044
3.	Large Group Comprehensive Coverage Expenses:										
	3.1 Salaries (including $ 267,142 for affiliated services)	0	0	0	0	0	0	36,130	40,457	190,555	267,142
	3.2 Outsourced Services	0	0	0	0	0	0	13,014	4,636	20,024	37,675
	3.3 EDP Equipment and Software (incl $ 17,705 for affiliated services)	0	0	0	0	0	0	3,017	3,378	11,310	17,705
	3.4 Other Equipment (excl. EDP) (incl $ 1,699 for affiliated services)	0	0	0	0	0	0	290	324	1,086	1,699
	3.5 Accreditation and Certification (incl $ 185 for affiliated services)	0	XXX	XXX	XXX	XXX	0	31	35	118	185
	3.6 Other Expenses (incl $ 597,674 for affiliated services)	106,592	0	0	0	0	106,592	83,259	90,485	702,205	982,541
	3.7 Subtotal before Reimbursements and Taxes (Lines 3.1 to 3.6)	106,592	0	0	0	0	106,592	135,742	139,317	925,296	1,306,947
	3.8 Reimbursements by uninsured plans and fiscal intermediaries	0	0	0	0	0	0	0	0	0	0
	3.9 Taxes, Licenses and Fees (in total, for tying purposes)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	521,949	521,949
	3.10 Total (3.7 to 3.9)	106,592	0	0	0	0	106,592	135,742	139,317	1,447,246	1,828,897
	3.11 Total Fraud and Abuse Detection/Recovery Expenses included in Column 7 (informational only)	0	0	0	0	0	0	38,505	0	0	38,505

SUPPLEMENT FOR THE YEAR 2018 OF THE UnitedHealthcare Insurance Company

SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 3 (Continued)

	All Expenses	Improving Health Care Quality Expenses						Claims Adjustment Expenses		9	10
		1 Improve Health Outcomes	2 Activities to Prevent Hospital Readmissions	3 Improve Patient Safety and Reduce Medical Errors	4 Wellness & Health Promotion Activities	5 HIT Expenses	6 Total (1 to 5)	7 Cost Containment Expenses	8 Other Claims Adjustment Expenses	General Administrative Expenses	Total Expenses (6 to 9)
4.	Individual Mini-Med Plans Expenses:										
	4.1 Salaries (including $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	4.2 Outsourced Services	0	0	0	0	0	0	0	0	0	0
	4.3 EDP Equipment and Software (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	4.4 Other Equipment (excl. EDP) (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	4.5 Accreditation and Certification (incl $ 0 for affiliated services)	0	XXX	XXX	XXX	XXX	0	0	0	0	0
	4.6 Other Expenses (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	4.7 Subtotal before Reimbursements and Taxes (Lines 4.1 to 4.6)	0	0	0	0	0	0	0	0	0	0
	4.8 Reimbursements by uninsured plans and fiscal intermediaries	0	0	0	0	0	0	0	0	0	0
	4.9 Taxes, Licenses and Fees (in total, for tying purposes)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0
	4.10 Total (4.7 to 4.9)	0	0	0	0	0	0	0	0	0	0
	4.11 Total Fraud and Abuse Detection/Recovery Expenses included in Column 7 (informational only)	0	0	0	0	0	0	0	0	0	0
5.	Small Group Mini-Med Plans Expenses:										
	5.1 Salaries (including $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	5.2 Outsourced Services	0	0	0	0	0	0	0	0	0	0
	5.3 EDP Equipment and Software (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	5.4 Other Equipment (excl. EDP) (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	5.5 Accreditation and Certification (incl $ 0 for affiliated services)	0	XXX	XXX	XXX	XXX	0	0	0	0	0
	5.6 Other Expenses (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	5.7 Subtotal before Reimbursements and Taxes (Lines 5.1 to 5.6)	0	0	0	0	0	0	0	0	0	0
	5.8 Reimbursements by uninsured plans and fiscal intermediaries	0	0	0	0	0	0	0	0	0	0
	5.9 Taxes, Licenses and Fees (in total, for tying purposes)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0
	5.10 Total (5.7 to 5.9)	0	0	0	0	0	0	0	0	0	0
	5.11 Total Fraud and Abuse Detection/Recovery Expenses included in Column 7 (informational only)	0	0	0	0	0	0	0	0	0	0
6.	Large Group Mini-Med Plans Expenses:										
	6.1 Salaries (including $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	6.2 Outsourced Services	0	0	0	0	0	0	0	0	0	0
	6.3 EDP Equipment and Software (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	6.4 Other Equipment (excl. EDP) (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	6.5 Accreditation and Certification (incl $ 0 for affiliated services)	0	XXX	XXX	XXX	XXX	0	0	0	0	0
	6.6 Other Expenses (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	6.7 Subtotal before Reimbursements and Taxes (Lines 6.1 to 6.6)	0	0	0	0	0	0	0	0	0	0
	6.8 Reimbursements by uninsured plans and fiscal intermediaries	0	0	0	0	0	0	0	0	0	0
	6.9 Taxes, Licenses and Fees (in total, for tying purposes)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0
	6.10 Total (6.7 to 6.9)	0	0	0	0	0	0	0	0	0	0
	6.11 Total Fraud and Abuse Detection/Recovery Expenses included in Column 7 (informational only)	0	0	0	0	0	0	0	0	0	0

SUPPLEMENT FOR THE YEAR 2018 OF THE UnitedHealthcare Insurance Company

SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 3 (Continued)

	All Expenses	Improving Health Care Quality Expenses						Claims Adjustment Expenses		9	10
		1 Improve Health Outcomes	2 Activities to Prevent Hospital Readmissions	3 Improve Patient Safety and Reduce Medical Errors	4 Wellness & Health Promotion Activities	5 HIT Expenses	6 Total (1 to 5)	7 Cost Containment Expenses	8 Other Claims Adjustment Expenses	General Administrative Expenses	Total Expenses (6 to 9)
7.	Small Group Expatriate Plans Expenses:										
	7.1 Salaries (including $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	7.2 Outsourced Services	0	0	0	0	0	0	0	0	0	0
	7.3 EDP Equipment and Software (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	7.4 Other Equipment (excl. EDP) (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	7.5 Accreditation and Certification (incl $ 0 for affiliated services)	0	XXX	XXX	XXX	XXX	0	0	0	0	0
	7.6 Other Expenses (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	7.7 Subtotal before Reimbursements and Taxes (Lines 7.1 to 7.6)	0	0	0	0	0	0	0	0	0	0
	7.8 Reimbursements by uninsured plans and fiscal intermediaries	0	0	0	0	0	0	0	0	0	0
	7.9 Taxes, Licenses and Fees (in total, for tying purposes)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0
	7.10 Total (7.7 to 7.9)	0	0	0	0	0	0	0	0	0	0
	7.11 Total Fraud and Abuse Detection/Recovery Expenses included in Column 7 (informational only)	0	0	0	0	0	0	0	0	0	0
8.	Large Group Expatriate Plans Expenses:										
	8.1 Salaries (including $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	8.2 Outsourced Services	0	0	0	0	0	0	0	0	0	0
	8.3 EDP Equipment and Software (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	8.4 Other Equipment (excl. EDP) (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	8.5 Accreditation and Certification (incl $ 0 for affiliated services)	0	XXX	XXX	XXX	XXX	0	0	0	0	0
	8.6 Other Expenses (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	8.7 Subtotal before Reimbursements and Taxes (Lines 8.1 to 8.6)	0	0	0	0	0	0	0	0	0	0
	8.8 Reimbursements by uninsured plans and fiscal intermediaries	0	0	0	0	0	0	0	0	0	0
	8.9 Taxes, Licenses and Fees (in total, for tying purposes)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0
	8.10 Total (8.7 to 8.9)	0	0	0	0	0	0	0	0	0	0
	8.11 Total Fraud and Abuse Detection/Recovery Expenses included in Column 7 (informational only)	0	0	0	0	0	0	0	0	0	0
9.	Student Health Plans Expenses:										
	9.1 Salaries (including $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	9.2 Outsourced Services	0	0	0	0	0	0	0	0	0	0
	9.3 EDP Equipment and Software (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	9.4 Other Equipment (excl. EDP) (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	9.5 Accreditation and Certification (incl $ 0 for affiliated services)	0	XXX	XXX	XXX	XXX	0	0	0	0	0
	9.6 Other Expenses (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	9.7 Subtotal before Reimbursements and Taxes (Lines 9.1 to 9.6)	0	0	0	0	0	0	0	0	0	0
	9.8 Reimbursements by uninsured plans and fiscal intermediaries	0	0	0	0	0	0	0	0	0	0
	9.9 Taxes, Licenses and Fees (in total, for tying purposes)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0
	9.10 Total (9.7 to 9.9)	0	0	0	0	0	0	0	0	0	0
	9.11 Total Fraud and Abuse Detection/Recovery Expenses included in Column 7 (informational only)	0	0	0	0	0	0	0	0	0	0

SUPPLEMENT FOR THE YEAR 2018 OF THE UnitedHealthcare Insurance Company

SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 1

(To Be Filed by April 1 - Not for Rebate Purposes - See Cautionary Statement at http://www.naic.org/documents/committees_e_app_blanks_related_shce_cautionary_statement.pdf)

REPORT FOR: 1. CORPORATION UnitedHealthcare Insurance Company 2. 185 Asylum Street Hartford, CT 061033408 (LOCATION)

NAIC Group Code 0707 BUSINESS IN THE STATE OF New Jersey DURING THE YEAR 2018 NAIC Company Code 79413

	Business Subject to MLR								9	10	11	12	13	14	15
	Comprehensive Health Coverage			Mini-Med Plans			Expatriate Plans								
	1 Individual	2 Small Group Employer	3 Large Group Employer	4 Individual	5 Small Group Employer	6 Large Group Employer	7 Small Group	8 Large Group	Student Health Plans	Government Business (excluded by statute)	Other Health Business	Medicare Advantage Part C and Medicare Part D Stand-Alone Subject to ACA	Subtotal (Cols. 1 through 12)	Uninsured Plans	Total 13 + 14
1. Premium:															
1.1 Health premiums earned (From Part 2, Line 1.11)	0	1	175,591,065	0	0	0	0	0	0	0	732,592,943	262,945,588	1,171,129,597	XXX	1,171,129,597
1.2 Federal high risk pools	0	0	0	0	0	0	0	0	0	0	0	0	0	XXX	0
1.3 State high risk pools	0	0	(10,260)	0	0	0	0	0	0	0	387,218	0	376,958	XXX	376,958
1.4 Premiums earned including state and federal high risk programs (Lines 1.1 + 1.2 + 1.3)	0	1	175,580,804	0	0	0	0	0	0	0	732,980,161	262,945,588	1,171,506,554	XXX	1,171,506,554
1.5 Federal taxes and federal assessments	398	(7,697)	6,646,414	0	0	0	0	0	0	0	6,281,996	11,715,654	24,636,766	71,463	24,708,229
1.6 State insurance, premium and other taxes (Similar local taxes of $ 102,065)	6	5,685	656,206	0	0	0	0	0	0	0	10,424,076	28,866	11,114,838	1,383	11,116,221
1.6a Community Benefit Expenditures (informational only)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
1.7 Regulatory authority licenses and fees	0	0	126,068	0	0	0	0	0	0	0	(108,214)	0	17,854	0	17,854
1.8 Adjusted Premiums Earned (Lines 1.4 - 1.5 - 1.6 - 1.7)	(404)	2,013	168,152,116	0	0	0	0	0	0	0	716,382,302	251,201,069	1,135,737,096	XXX	1,135,664,250
1.9 Net Assumed less Ceded reinsurance premiums earned	0	0	(32,820,440)	0	0	0	0	0	0	0	(528,649)	1,025,028	(32,324,061)	XXX	(32,324,061)
1.10 Other Adjustments due to MLR calculations - Premiums	0	(1)	0	0	0	0	0	0	0	0	4,964	1,280,588	1,285,551	XXX	1,285,551
1.11 Risk Revenue	0	0	0	0	0	0	0	0	0	0	0	0	0	XXX	0
1.12 Net adjusted premiums earned after reinsurance (Lines 1.8 + 1.9 + 1.10 + 1.11)	(404)	2,012	135,331,676	0	0	0	0	0	0	0	715,858,617	253,506,685	1,104,698,586	XXX	1,104,625,740
2. Claims:															
2.1 Incurred claims excluding prescription drugs	179	21,294	119,912,761	0	0	0	0	0	0	0	573,958,199	35,880,464	729,772,897	XXX	729,772,897
2.2 Prescription drugs	0	1,359	27,891,827	0	0	0	0	0	0	0	14,609,508	317,721,780	360,224,474	XXX	360,224,474
2.3 Pharmaceutical rebates	0	456	7,618,311	0	0	0	0	0	0	0	251,357	173,261,964	181,132,087	XXX	181,132,087
2.4 State stop loss, market stabilization and claim/census based assessments (informational only)	0	0	1,239,746	0	0	0	0	0	0	0	759	0	1,240,504	XXX	1,240,504
3. Incurred medical incentive pools and bonuses	0	33	623,778	0	0	0	0	0	0	0	0	760,358	1,384,170	XXX	1,384,170
4. Deductible Fraud and Abuse Detection/Recovery Expenses (for MLR use only)	0	0	77,964	0	0	0	0	0	0	0	0	57,691	135,655	0	135,655
5. 5.0 Total Incurred Claims (Lines 2.1 + 2.2 - 2.3 + 3) (From Part 2, Line 2.15)	179	22,231	140,810,055	0	0	0	0	0	0	0	588,316,350	181,100,638	910,249,454	XXX	910,249,454
5.1 Net Assumed less Ceded reinsurance claims incurred	0	10,036	(27,020,460)	0	0	0	0	0	0	0	(453,607)	0	(27,464,031)	XXX	(27,464,031)
5.2 Other Adjustments due to MLR calculations - Claims	0	0	181,630	0	0	0	0	0	0	0	0	0	181,630	XXX	181,630
5.3 Rebates paid	0	0	0	0	0	0	0	0	0	XXX	XXX	0	0	XXX	0
5.4 Estimated rebates unpaid prior year	0	0	181,630	0	0	0	0	0	0	XXX	XXX	0	181,630	XXX	181,630
5.5 Estimated rebates unpaid current year	0	0	0	0	0	0	0	0	0	XXX	XXX	0	0	XXX	0
5.6 Fee for service and co-pay revenue	0	0	0	0	0	0	0	0	0	0	0	0	0	XXX	0
5.7 Net incurred claims after reinsurance (Lines 5.0 + 5.1 + 5.2 + 5.3 - 5.4 + 5.5 - 5.6)	179	32,267	113,789,595	0	0	0	0	0	0	0	587,862,743	181,100,638	882,785,423	XXX	882,785,423
6. Improving Health Care Quality Expenses Incurred:															
6.1 Improve health outcomes	0	0	1,404,729	0	0	0	0	0	0	0	1,043,920	13,571,767	16,020,415	4,847	16,025,262
6.2 Activities to prevent hospital readmissions	0	0	0	0	0	0	0	0	0	0	13,662	152,503	166,164	1,551	167,716
6.3 Improve patient safety and reduce medical errors	0	0	0	0	0	0	0	0	0	0	24,231	685,900	710,132	3,490	713,622
6.4 Wellness and health promotion activities	0	0	0	0	0	0	0	0	0	0	4,630,856	43,798	4,674,654	1,648	4,676,302
6.5 Health Information Technology expenses related to health improvement	0	0	0	0	0	0	0	0	0	0	221,426	814,212	1,035,637	5,041	1,040,679
6.6 Total of Defined Expenses Incurred for Improving Health Care Quality (Lines 6.1+6.2+6.3+6.4+6.5)	0	0	1,404,729	0	0	0	0	0	0	0	5,934,095	15,268,179	22,607,002	16,578	22,623,580
7. Preliminary Medical Loss Ratio: MLR ((Lines 4 + 5.0 + 6.6 - Footnote 2.0)/Line 1.8	(0.444)	11.045	0.846	0.000	0.000	0.000	0.000	0.000	0.000	XXX	XXX	0.782	XXX	XXX	XXX
8. Claims Adjustment Expenses:															
8.1 Cost containment expenses not included in quality of care expenses in Line 6.6	0	1	1,918,405	0	0	0	0	0	0	0	570,170	3,253,085	5,741,660	41,105	5,782,765
8.2 All other claims adjustment expenses	0	(53)	1,984,648	0	0	0	0	0	0	0	9,121,795	14,016,519	25,122,908	32,477	25,155,385
8.3 Total claims adjustment expenses (Lines 8.1 + 8.2)	0	(53)	3,903,053	0	0	0	0	0	0	0	9,691,965	17,269,603	30,864,569	73,581	30,938,150
9. Claims Adjustment Expense Ratio (Line 8.3/Line 1.8)	0.000	(0.026)	0.023	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.014	0.069	XXX	XXX	XXX

SUPPLEMENT FOR THE YEAR 2018 OF THE UnitedHealthcare Insurance Company

SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 1 (Continued)

	Business Subject to MLR									10	11	12	13	14	15
	Comprehensive Health Coverage			Mini-Med Plans			Expatriate Plans		9						
	1 Individual	2 Small Group Employer	3 Large Group Employer	4 Individual	5 Small Group Employer	6 Large Group Employer	7 Small Group	8 Large Group	Student Health Plans	Government Business (excluded by statute)	Other Health Business	Medicare Advantage Part C and Medicare Part D Stand-Alone Subject to ACA	Subtotal (Cols. 1 through 12)	Uninsured Plans	Total 13 + 14
10. General and Administrative (G&A) Expenses:															
10.1 Direct sales salaries and benefits	0	0	671,558	0	0	0	0	0	0	0	984,209	480,801	2,136,568	21,231	2,157,799
10.2 Agents and brokers fees and commissions	0	(2,527)	5,280,401	0	0	0	0	0	0	0	24,571,329	1,491,364	31,340,567	0	31,340,567
10.3 Other taxes (excluding taxes on Lines 1.5 through 1.7 and Line 14 below)	(2,183)	(3)	67,168	0	0	0	0	0	0	0	1,132,223	577,057	1,774,262	25,195	1,799,457
10.4 Other general and administrative expenses	0	134	2,611,216	0	0	0	0	0	0	0	65,298,335	16,336,357	84,246,042	675,413	84,921,455
10.4a Community Benefit Expenditures (informational only)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
10.5 Total general and administrative (Lines 10.1 +10.2 + 10.3 + 10.4)	(2,183)	(2,397)	8,630,343	0	0	0	0	0	0	0	91,986,096	18,885,579	119,497,439	721,839	120,219,278
11. Underwriting Gain/(Loss) (Lines 1.12 - 5.7 - 6.6 - 8.3 - 10.5)	1,600	(27,806)	7,603,956	0	0	0	0	0	0	0	20,383,718	20,982,686	48,944,153	XXX	48,059,310
12. Income from fees of uninsured plans	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1,172,052	1,172,052
13. Net investment and other gain/(loss)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	13,797,146	XXX	13,797,146
14. Federal income taxes (excluding taxes on Line 1.5 above)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	839,898	XXX	839,898
15. Net gain or (loss) (Lines 11 + 12 + 13 - 14)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	61,901,402	XXX	62,188,611
16. ICD-10 Implementation Expenses (informational only; already included in general expenses and line 10.4)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
16. 16a ICD-10 Implementation Expenses (informational only; already included in line 10.4)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
OTHER INDICATORS:															
1. Number of certificates/policies	0	0	12,485	0	0	0	0	0	0	0	391,336	192,354	596,175	0	596,175
2. Number of Covered Lives	0	0	27,689	0	0	0	0	0	0	0	506,453	192,354	726,496	0	726,496
3. Number of Groups	XXX	0	112	XXX	0	0	0	0	0	0	3,660	7	3,779	0	3,779
4. Member Months	0	0	326,337	0	0	0	0	0	0	0	6,135,298	2,316,680	8,778,315	0	8,778,315

Is run off business reported in Columns 1 through 9 or 12? Yes [ ] No [ ] If yes, show the amount of premiums and claims included. Premiums $ 0 Claims $ 0

216-2.NJ

AFFORDABLE CARE ACT (ACA) RECEIPTS, PAYMENTS, RECEIVABLES and PAYABLES

	Current Year Comprehensive Health Coverage		Prior Year Comprehensive Health Coverage	
	1 Individual Plans	2 Small Group Employer Plans	3 Individual Plans	4 Small Group Employer Plans
ACA Receivables and Payables				
1. Permanent ACA Risk Adjustment Program 1.0 Premium adjustments receivable/(payable)	0	0	0	0
2. Transitional ACA Reinsurance Program 2.0 Total amounts recoverable for claims (paid & unpaid)	0	XXX	0	XXX
3. Temporary ACA Risk Corridors Program 3.1 Accrued retrospective premium	0	0	0	0
3.2 Reserve for rate credits or policy experience refunds	0	0	0	0
ACA Receipts and Payments				
4. Permanent ACA Risk Adjustment Program 4.0 Premium adjustments receipts/(payments)	0	0	0	0
5. Transitional ACA Reinsurance Program 5.0 Amounts received for claims	0	XXX	0	XXX
6. Temporary ACA Risk Corridors Program 6.1 Retrospective premium received	0	0	0	0
6.2 Rate credits or policy experience refunds paid	0	0	0	0

SUPPLEMENT FOR THE YEAR 2018 OF THE UnitedHealthcare Insurance Company

SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 2

(To Be Filed by April 1 - Not for Rebate Purposes)

REPORT FOR: 1. CORPORATION UnitedHealthcare Insurance Company 2. 185 Asylum Street Hartford, CT 061033408 (LOCATION)

NAIC Group Code 0707 BUSINESS IN THE STATE OF New Jersey DURING THE YEAR 2018 NAIC Company Code 79413

	Business Subject to MLR									10	11	12	13
	Comprehensive Health Coverage			Mini-Med Plans			Expatriate Plans:		9				
	1 Individual	2 Small Group Employer	3 Large Group Employer	4 Individual	5 Small Group Employer	6 Large Group Employer	7 Small Group	8 Large Group	Student Health Plans	Government Business (excluded by statute)	Other Health Business	Medicare Advantage Part C and Medicare Part D Stand-Alone Subject to ACA	Total (a)
1. Health Premiums Earned:													
1.1 Direct premiums written	0	0	175,591,065	0	0	0	0	0	0	0	732,556,389	264,226,176	1,172,373,630
1.2 Unearned premium prior year	0	0	0	0	0	0	0	0	0	0	102,009	0	102,009
1.3 Unearned premium current year	0	0	0	0	0	0	0	0	0	0	60,491	0	60,491
1.4 Change in unearned premium (Lines 1.2 - 1.3)	0	0	0	0	0	0	0	0	0	0	41,518	0	41,518
1.5 Paid rate credits	179	0	(34,339)	0	0	0	0	0	0	0	22,362,307	14,661,069	36,989,215
1.6 Reserve for rate credits current year	0	0	0	0	0	0	0	0	0	0	(93,433)	1,953,070	1,859,636
1.7 Reserve for rate credits prior year	0	0	181,630	0	0	0	0	0	0	0	133,674	15,282,527	15,597,832
1.8 Change in reserve for rate credits (Lines 1.6 - 1.7)	0	0	(181,630)	0	0	0	0	0	0	0	(227,108)	(13,329,458)	(13,738,195)
1.9 Premium balances written off	0	(1)	0	0	0	0	0	0	0	0	4,964	1,280,588	1,285,551
1.10 Group conversion charge	0	0	0	0	0	0	0	0	0	0	0	0	0
1.11 Total direct premiums earned (Lines 1.1 + 1.4 - 1.9 + 1.10)	0	1	175,591,065	0	0	0	0	0	0	0	732,592,943	262,945,588	1,171,129,597
1.12 Assumed premiums earned from non-affiliates	0	0	392,350	0	0	0	0	0	0	0	0	0	392,350
1.13 Net Assumed less Ceded premiums earned from affiliates	0	0	521	0	0	0	0	0	0	0	0	1,025,028	1,025,548
1.14 Ceded premiums earned to non-affiliates	0	0	33,213,311	0	0	0	0	0	0	0	528,649	0	33,741,960
1.15 Other Adjustments due to MLR calculation - Premiums	0	(1)	0	0	0	0	0	0	0	0	4,964	1,280,588	1,285,551
1.16 Net premiums earned (Lines 1.11 - 1.5 - 1.8 + 1.12 + 1.13 - 1.14 + 1.15)	(179)	0	142,986,594	0	0	0	0	0	0	0	709,934,059	263,919,593	1,116,840,067
2. Direct Claims Incurred:													
2.1 Paid claims during the year	0	14,578	141,439,541	0	0	0	0	0	0	(64,636)	566,330,006	188,409,648	896,129,137
2.2 Direct claim liability current year	0	25,194	17,837,721	0	0	0	0	0	0	(96,590)	59,904,552	8,518,314	86,189,192
2.3 Direct claim liability prior year	0	18,288	19,457,119	0	0	0	0	0	0	(161,226)	60,005,634	16,640,250	95,960,064
2.4 Direct claim reserves current year	0	757	446,103	0	0	0	0	0	0	0	26,101,750	8,905	26,557,515
2.5 Direct claim reserves prior year	0	30	490,466	0	0	0	0	0	0	0	26,182,898	6,365	26,679,759
2.6 Direct contract reserves current year	0	0	0	0	0	0	0	0	0	0	188,850	0	188,850
2.7 Direct contract reserves prior year	0	0	0	0	0	0	0	0	0	0	84,114	0	84,114
2.8 Paid rate credits	179	0	(34,339)	0	0	0	0	0	0	0	22,362,307	14,661,069	36,989,215
2.9 Reserve for rate credits current year	0	0	0	0	0	0	0	0	0	0	(93,433)	1,953,070	1,859,636
2.10 Reserve for rate credits prior year	0	0	181,630	0	0	0	0	0	0	0	133,674	15,282,527	15,597,832
2.11 Incurred medical incentive pools and bonuses (Lines 2.11a + 2.11b - 2.11c)	0	33	623,778	0	0	0	0	0	0	0	760,358	1,384,170	
2.11a Paid medical incentive pools and bonuses current year	0	33	142,257	0	0	0	0	0	0	0	0	775,871	918,161
2.11b Accrued medical incentive pools and bonuses current year	0	1	800,802	0	0	0	0	0	0	0	0	237,633	1,038,436
2.11c Accrued medical incentive pools and bonuses prior year	0	0	319,281	0	0	0	0	0	0	0	0	253,146	572,427
2.12 Net healthcare receivables (Lines 2.12a - 2.12b)	0	14	(626,467)	0	0	0	0	0	0	0	71,362	1,281,584	726,493
2.12a Healthcare receivables current year	0	14	3,042,995	0	0	0	0	0	0	0	71,550	61,217,116	64,331,675
2.12b Healthcare receivables prior year	0	0	3,669,461	0	0	0	0	0	0	0	188	59,935,532	63,605,181
2.13 Group conversion charge	0	0	0	0	0	0	0	0	0	0	0	0	0
2.14 Multi-option coverage blended rate adjustment	0	0	0	0	0	0	0	0	0	0	0	0	0
2.15 Total incurred claims (Lines 2.1 + 2.2 - 2.3 + 2.4 - 2.5 + 2.6 - 2.7 + 2.8 + 2.9 - 2.10 + 2.11 - 2.12 + 2.13 + 2.14)	179	22,231	140,810,056	0	0	0	0	0	0	0	588,316,350	181,100,638	910,249,454
2.16 Assumed incurred claims from non-affiliates	0	0	215,824	0	0	0	0	0	0	0	0	0	215,824
2.17 Net assumed less ceded incurred claims from affiliates	0	10,036	(489,578)	0	0	0	0	0	0	0	0	0	(479,542)
2.18 Ceded incurred claims to non-affiliates	0	0	26,746,707	0	0	0	0	0	0	0	453,607	0	27,200,314
2.19 Other adjustments due to MLR calculation - Claims	0	0	0	0	0	0	0	0	0	0	0	0	0
2.20 Net Incurred Claims (Lines 2.15 - 2.8 - 2.9 + 2.10 + 2.16 + 2.17 - 2.18 + 2.19)	0	32,267	114,005,565	0	0	0	0	0	0	0	565,727,544	179,769,027	859,534,403
3. Fraud and Abuse Recoveries that Reduced PAID Claims in Line 2.1 above (informational only)	0	20	77,964	0	0	0	0	0	0	0	0	95,443	173,428

(a) Column 13, Line 1.1 includes direct written premium of $ 21,990,116 for stand-alone dental and $ 9,180,615 for stand-alone vision policies.

SUPPLEMENT FOR THE YEAR 2018 OF THE UnitedHealthcare Insurance Company

SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 3

(To Be Filed by April 1 - Not for Rebate Purposes)

REPORT FOR: 1. CORPORATION UnitedHealthcare Insurance Company 2. 185 Asylum Street Hartford, CT 061033408 (LOCATION)

NAIC Group Code 0707 BUSINESS IN THE STATE OF New Jersey DURING THE YEAR 2018 NAIC Company Code 79413

	All Expenses	Improving Health Care Quality Expenses						Claims Adjustment Expenses		9	10
		1 Improve Health Outcomes	2 Activities to Prevent Hospital Readmissions	3 Improve Patient Safety and Reduce Medical Errors	4 Wellness & Health Promotion Activities	5 HIT Expenses	6 Total (1 to 5)	7 Cost Containment Expenses	8 Other Claims Adjustment Expenses	General Administrative Expenses	Total Expenses (6 to 9)
1.	Individual Comprehensive Coverage Expenses:										
	1.1 Salaries (including $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	1.2 Outsourced Services	0	0	0	0	0	0	0	0	0	0
	1.3 EDP Equipment and Software (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	1.4 Other Equipment (excl. EDP) (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	1.5 Accreditation and Certification (incl $ 0 for affiliated services)	0	XXX	XXX	XXX	XXX	0	0	0	0	0
	1.6 Other Expenses (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	1.7 Subtotal before Reimbursements and Taxes (Lines 1.1 to 1.6)	0	0	0	0	0	0	0	0	0	0
	1.8 Reimbursements by uninsured plans and fiscal intermediaries	0	0	0	0	0	0	0	0	0	0
	1.9 Taxes, Licenses and Fees (in total, for tying purposes)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	(2,177)	(2,177)
	1.10 Total (1.7 to 1.9)	0	0	0	0	0	0	0	0	(2,177)	(2,177)
	1.11 Total Fraud and Abuse Detection/Recovery Expenses included in Column 7 (informational only)	0	0	0	0	0	0	0	0	0	0
2.	Small Group Comprehensive Coverage Expenses:										
	2.1 Salaries (including $ 19 for affiliated services)	0	0	0	0	0	0	0	(16)	34	19
	2.2 Outsourced Services	0	0	0	0	0	0	0	(2)	4	2
	2.3 EDP Equipment and Software (incl $ 2 for affiliated services)	0	0	0	0	0	0	0	(1)	3	2
	2.4 Other Equipment (excl. EDP) (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	2.5 Accreditation and Certification (incl $ 0 for affiliated services)	0	XXX	XXX	XXX	XXX	0	0	0	0	0
	2.6 Other Expenses (incl $ 40 for affiliated services)	0	0	0	0	0	0	1	(35)	(2,434)	(2,468)
	2.7 Subtotal before Reimbursements and Taxes (Lines 2.1 to 2.6)	0	0	0	0	0	0	1	(53)	(2,393)	(2,446)
	2.8 Reimbursements by uninsured plans and fiscal intermediaries	0	0	0	0	0	0	0	0	0	0
	2.9 Taxes, Licenses and Fees (in total, for tying purposes)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	5,681	5,681
	2.10 Total (2.7 to 2.9)	0	0	0	0	0	0	1	(53)	3,288	3,235
	2.11 Total Fraud and Abuse Detection/Recovery Expenses included in Column 7 (informational only)	0	0	0	0	0	0	0	0	0	0
3.	Large Group Comprehensive Coverage Expenses:										
	3.1 Salaries (including $ 3,096,368 for affiliated services)	0	0	0	0	0	0	417,773	565,180	2,113,415	3,096,368
	3.2 Outsourced Services	0	0	0	0	0	0	452,591	64,771	356,493	873,855
	3.3 EDP Equipment and Software (incl $ 204,500 for affiliated services)	0	0	0	0	0	0	34,886	47,195	122,418	204,500
	3.4 Other Equipment (excl. EDP) (incl $ 19,630 for affiliated services)	0	0	0	0	0	0	3,349	4,530	11,751	19,630
	3.5 Accreditation and Certification (incl $ 2,131 for affiliated services)	0	XXX	XXX	XXX	XXX	0	364	492	1,276	2,131
	3.6 Other Expenses (incl $ 6,953,749 for affiliated services)	1,404,729	0	0	0	0	1,404,729	961,899	1,264,063	5,914,593	9,545,283
	3.7 Subtotal before Reimbursements and Taxes (Lines 3.1 to 3.6)	1,404,729	0	0	0	0	1,404,729	1,870,862	1,946,231	8,519,945	13,741,767
	3.8 Reimbursements by uninsured plans and fiscal intermediaries	0	0	0	0	0	0	0	0	0	0
	3.9 Taxes, Licenses and Fees (in total, for tying purposes)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	978,632	978,632
	3.10 Total (3.7 to 3.9)	1,404,729	0	0	0	0	1,404,729	1,870,862	1,946,231	9,498,578	14,720,399
	3.11 Total Fraud and Abuse Detection/Recovery Expenses included in Column 7 (informational only)	0	0	0	0	0	0	448,398	0	0	448,398

SUPPLEMENT FOR THE YEAR 2018 OF THE UnitedHealthcare Insurance Company

SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 3 (Continued)

	All Expenses	Improving Health Care Quality Expenses						Claims Adjustment Expenses		9	10
		1 Improve Health Outcomes	2 Activities to Prevent Hospital Readmissions	3 Improve Patient Safety and Reduce Medical Errors	4 Wellness & Health Promotion Activities	5 HIT Expenses	6 Total (1 to 5)	7 Cost Containment Expenses	8 Other Claims Adjustment Expenses	General Administrative Expenses	Total Expenses (6 to 9)
4.	Individual Mini-Med Plans Expenses:										
	4.1 Salaries (including $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	4.2 Outsourced Services	0	0	0	0	0	0	0	0	0	0
	4.3 EDP Equipment and Software (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	4.4 Other Equipment (excl. EDP) (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	4.5 Accreditation and Certification (incl $ 0 for affiliated services)	0	XXX	XXX	XXX	XXX	0	0	0	0	0
	4.6 Other Expenses (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	4.7 Subtotal before Reimbursements and Taxes (Lines 4.1 to 4.6)	0	0	0	0	0	0	0	0	0	0
	4.8 Reimbursements by uninsured plans and fiscal intermediaries	0	0	0	0	0	0	0	0	0	0
	4.9 Taxes, Licenses and Fees (in total, for tying purposes)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0
	4.10 Total (4.7 to 4.9)	0	0	0	0	0	0	0	0	0	0
	4.11 Total Fraud and Abuse Detection/Recovery Expenses included in Column 7 (informational only)	0	0	0	0	0	0	0	0	0	0
5.	Small Group Mini-Med Plans Expenses:										
	5.1 Salaries (including $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	5.2 Outsourced Services	0	0	0	0	0	0	0	0	0	0
	5.3 EDP Equipment and Software (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	5.4 Other Equipment (excl. EDP) (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	5.5 Accreditation and Certification (incl $ 0 for affiliated services)	0	XXX	XXX	XXX	XXX	0	0	0	0	0
	5.6 Other Expenses (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	5.7 Subtotal before Reimbursements and Taxes (Lines 5.1 to 5.6)	0	0	0	0	0	0	0	0	0	0
	5.8 Reimbursements by uninsured plans and fiscal intermediaries	0	0	0	0	0	0	0	0	0	0
	5.9 Taxes, Licenses and Fees (in total, for tying purposes)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0
	5.10 Total (5.7 to 5.9)	0	0	0	0	0	0	0	0	0	0
	5.11 Total Fraud and Abuse Detection/Recovery Expenses included in Column 7 (informational only)	0	0	0	0	0	0	0	0	0	0
6.	Large Group Mini-Med Plans Expenses:										
	6.1 Salaries (including $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	6.2 Outsourced Services	0	0	0	0	0	0	0	0	0	0
	6.3 EDP Equipment and Software (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	6.4 Other Equipment (excl. EDP) (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	6.5 Accreditation and Certification (incl $ 0 for affiliated services)	0	XXX	XXX	XXX	XXX	0	0	0	0	0
	6.6 Other Expenses (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	6.7 Subtotal before Reimbursements and Taxes (Lines 6.1 to 6.6)	0	0	0	0	0	0	0	0	0	0
	6.8 Reimbursements by uninsured plans and fiscal intermediaries	0	0	0	0	0	0	0	0	0	0
	6.9 Taxes, Licenses and Fees (in total, for tying purposes)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0
	6.10 Total (6.7 to 6.9)	0	0	0	0	0	0	0	0	0	0
	6.11 Total Fraud and Abuse Detection/Recovery Expenses included in Column 7 (informational only)	0	0	0	0	0	0	0	0	0	0

SUPPLEMENT FOR THE YEAR 2018 OF THE UnitedHealthcare Insurance Company

SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 3 (Continued)

	All Expenses	Improving Health Care Quality Expenses						Claims Adjustment Expenses		9	10
		1 Improve Health Outcomes	2 Activities to Prevent Hospital Readmissions	3 Improve Patient Safety and Reduce Medical Errors	4 Wellness & Health Promotion Activities	5 HIT Expenses	6 Total (1 to 5)	7 Cost Containment Expenses	8 Other Claims Adjustment Expenses	General Administrative Expenses	Total Expenses (6 to 9)
7.	Small Group Expatriate Plans Expenses:										
	7.1 Salaries (including $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	7.2 Outsourced Services	0	0	0	0	0	0	0	0	0	0
	7.3 EDP Equipment and Software (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	7.4 Other Equipment (excl. EDP) (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	7.5 Accreditation and Certification (incl $ 0 for affiliated services)	0	XXX	XXX	XXX	XXX	0	0	0	0	0
	7.6 Other Expenses (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	7.7 Subtotal before Reimbursements and Taxes (Lines 7.1 to 7.6)	0	0	0	0	0	0	0	0	0	0
	7.8 Reimbursements by uninsured plans and fiscal intermediaries	0	0	0	0	0	0	0	0	0	0
	7.9 Taxes, Licenses and Fees (in total, for tying purposes)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0
	7.10 Total (7.7 to 7.9)	0	0	0	0	0	0	0	0	0	0
	7.11 Total Fraud and Abuse Detection/Recovery Expenses included in Column 7 (informational only)	0	0	0	0	0	0	0	0	0	0
8.	Large Group Expatriate Plans Expenses:										
	8.1 Salaries (including $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	8.2 Outsourced Services	0	0	0	0	0	0	0	0	0	0
	8.3 EDP Equipment and Software (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	8.4 Other Equipment (excl. EDP) (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	8.5 Accreditation and Certification (incl $ 0 for affiliated services)	0	XXX	XXX	XXX	XXX	0	0	0	0	0
	8.6 Other Expenses (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	8.7 Subtotal before Reimbursements and Taxes (Lines 8.1 to 8.6)	0	0	0	0	0	0	0	0	0	0
	8.8 Reimbursements by uninsured plans and fiscal intermediaries	0	0	0	0	0	0	0	0	0	0
	8.9 Taxes, Licenses and Fees (in total, for tying purposes)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0
	8.10 Total (8.7 to 8.9)	0	0	0	0	0	0	0	0	0	0
	8.11 Total Fraud and Abuse Detection/Recovery Expenses included in Column 7 (informational only)	0	0	0	0	0	0	0	0	0	0
9.	Student Health Plans Expenses:										
	9.1 Salaries (including $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	9.2 Outsourced Services	0	0	0	0	0	0	0	0	0	0
	9.3 EDP Equipment and Software (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	9.4 Other Equipment (excl. EDP) (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	9.5 Accreditation and Certification (incl $ 0 for affiliated services)	0	XXX	XXX	XXX	XXX	0	0	0	0	0
	9.6 Other Expenses (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	9.7 Subtotal before Reimbursements and Taxes (Lines 9.1 to 9.6)	0	0	0	0	0	0	0	0	0	0
	9.8 Reimbursements by uninsured plans and fiscal intermediaries	0	0	0	0	0	0	0	0	0	0
	9.9 Taxes, Licenses and Fees (in total, for tying purposes)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0
	9.10 Total (9.7 to 9.9)	0	0	0	0	0	0	0	0	0	0
	9.11 Total Fraud and Abuse Detection/Recovery Expenses included in Column 7 (informational only)	0	0	0	0	0	0	0	0	0	0

SUPPLEMENT FOR THE YEAR 2018 OF THE UnitedHealthcare Insurance Company

SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 1

(To Be Filed by April 1 - Not for Rebate Purposes - See Cautionary Statement at http://www.naic.org/documents/committees_e_app_blanks_related_shce_cautionary_statement.pdf)

REPORT FOR: 1. CORPORATION UnitedHealthcare Insurance Company 2. 185 Asylum Street Hartford, CT 061033408 (LOCATION)

NAIC Group Code 0707 BUSINESS IN THE STATE OF New Mexico DURING THE YEAR 2018 NAIC Company Code 79413

	Business Subject to MLR								9	10	11	12	13	14	15
	Comprehensive Health Coverage			Mini-Med Plans			Expatriate Plans								
	1 Individual	2 Small Group Employer	3 Large Group Employer	4 Individual	5 Small Group Employer	6 Large Group Employer	7 Small Group	8 Large Group	Student Health Plans	Government Business (excluded by statute)	Other Health Business	Medicare Advantage Part C and Medicare Part D Stand-Alone Subject to ACA	Subtotal (Cols. 1 through 12)	Uninsured Plans	Total 13 + 14
1. Premium:															
1.1 Health premiums earned (From Part 2, Line 1.11)	131,403	41,004,438	67,888,030	0	0	0	0	0	0	0	73,318,548	412,125,122	594,467,541	XXX	594,467,541
1.2 Federal high risk pools	0	0	0	0	0	0	0	0	0	0	0	0	0	XXX	0
1.3 State high risk pools	(2,182)	(464,269)	(578,415)	0	0	0	0	0	0	0	(56,310)	0	(1,101,176)	XXX	(1,101,176)
1.4 Premiums earned including state and federal high risk programs (Lines 1.1 + 1.2 + 1.3)	129,222	40,540,169	67,309,615	0	0	0	0	0	0	0	73,262,238	412,125,122	593,366,365	XXX	593,366,365
1.5 Federal taxes and federal assessments	(16,784)	1,454,670	1,405,076	0	0	0	0	0	0	(340,864)	713,123	16,749,099	19,964,319	0	19,964,319
1.6 State insurance, premium and other taxes (Similar local taxes of $ 61,132)	14,122	830,761	1,068,685	0	0	0	0	0	0	(5,801)	2,102,830	41,789	4,052,385	0	4,052,385
1.6a Community Benefit Expenditures (informational only)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
1.7 Regulatory authority licenses and fees	314	66,701	79,457	0	0	0	0	0	0	(13,399)	20,910	70	154,053	0	154,053
1.8 Adjusted Premiums Earned (Lines 1.4 - 1.5 - 1.6 - 1.7)	131,570	38,188,037	64,756,397	0	0	0	0	0	0	360,064	70,425,375	395,334,164	569,195,607	XXX	569,195,607
1.9 Net Assumed less Ceded reinsurance premiums earned	0	0	(7,662,534)	0	0	0	0	0	0	1,365,619	(113,239)	0	(6,410,155)	XXX	(6,410,155)
1.10 Other Adjustments due to MLR calculations - Premiums	0	4,070	0	0	0	0	0	0	0	0	146	323,737	327,953	XXX	327,953
1.11 Risk Revenue	0	0	0	0	0	0	0	0	0	0	0	0	0	XXX	0
1.12 Net adjusted premiums earned after reinsurance (Lines 1.8 + 1.9 + 1.10 + 1.11)	131,570	38,192,107	57,093,863	0	0	0	0	0	0	1,725,682	70,312,282	395,657,901	563,113,405	XXX	563,113,405
2. Claims:															
2.1 Incurred claims excluding prescription drugs	125,534	25,484,755	51,457,932	0	0	0	0	0	0	(1,607)	53,030,355	297,300,075	427,397,045	XXX	427,397,045
2.2 Prescription drugs	68,663	6,975,060	9,209,388	0	0	0	0	0	0	0	2,199,665	73,553,738	92,006,514	XXX	92,006,514
2.3 Pharmaceutical rebates	20,946	2,113,129	2,834,104	0	0	0	0	0	0	0	32,733	46,483,872	51,484,784	XXX	51,484,784
2.4 State stop loss, market stabilization and claim/census based assessments (informational only)	0	106,788	236,122	0	0	0	0	0	0	0	0	0	342,910	XXX	342,910
3. Incurred medical incentive pools and bonuses	0	5,742	29,570	0	0	0	0	0	0	0	0	425,948	461,260	XXX	461,260
4. Deductible Fraud and Abuse Detection/Recovery Expenses (for MLR use only)	0	1,356	4,910	0	0	0	0	0	0	0	0	0	6,266	0	6,266
5. 5.0 Total Incurred Claims (Lines 2.1 + 2.2 - 2.3 + 3) (From Part 2, Line 2.15)	173,251	30,352,428	57,862,786	0	0	0	0	0	0	(1,607)	55,197,288	324,795,889	468,380,035	XXX	468,380,035
5.1 Net Assumed less Ceded reinsurance claims incurred	0	0	(6,157,497)	0	0	0	0	0	0	2,976,875	211,816	0	(2,968,805)	XXX	(2,968,805)
5.2 Other Adjustments due to MLR calculations - Claims	0	(193,149)	0	0	0	0	0	0	0	0	0	(1,697,853)	(1,891,002)	XXX	(1,891,002)
5.3 Rebates paid	0	604,971	0	0	0	0	0	0	0	XXX	XXX	0	604,971	XXX	604,971
5.4 Estimated rebates unpaid prior year	0	1,173,705	0	0	0	0	0	0	0	XXX	XXX	(320,749)	852,956	XXX	852,956
5.5 Estimated rebates unpaid current year	0	761,883	0	0	0	0	0	0	0	XXX	XXX	1,377,105	2,138,987	XXX	2,138,987
5.6 Fee for service and co-pay revenue	0	0	0	0	0	0	0	0	0	0	0	0	0	XXX	0
5.7 Net incurred claims after reinsurance (Lines 5.0 + 5.1 + 5.2 + 5.3 - 5.4 + 5.5 - 5.6)	173,251	30,352,428	51,705,289	0	0	0	0	0	0	2,975,269	55,409,104	324,795,889	465,411,231	XXX	465,411,231
6. Improving Health Care Quality Expenses Incurred:															
6.1 Improve health outcomes	1,051	328,036	543,104	0	0	0	0	0	0	0	202,819	1,674,168	2,749,178	0	2,749,178
6.2 Activities to prevent hospital readmissions	0	0	0	0	0	0	0	0	0	0	101,315	562,384	663,699	0	663,699
6.3 Improve patient safety and reduce medical errors	0	0	0	0	0	0	0	0	0	66,893	76,580	638,850	782,323	0	782,323
6.4 Wellness and health promotion activities	0	0	0	0	0	0	0	0	0	0	571,012	1,297,887	1,868,899	0	1,868,899
6.5 Health Information Technology expenses related to health improvement	0	0	0	0	0	0	0	0	0	0	43,529	1,179,399	1,222,928	0	1,222,928
6.6 Total of Defined Expenses Incurred for Improving Health Care Quality (Lines 6.1+6.2+6.3+6.4+6.5)	1,051	328,036	543,104	0	0	0	0	0	0	66,893	995,255	5,352,688	7,287,027	0	7,287,027
7. Preliminary Medical Loss Ratio: MLR ((Lines 4 + 5.0 + 6.6 - Footnote 2.0)/Line 1.8	1.325	0.803	0.902	0.000	0.000	0.000	0.000	0.000	0.000	XXX	XXX	0.835	XXX	XXX	XXX
8. Claims Adjustment Expenses:															
8.1 Cost containment expenses not included in quality of care expenses in Line 6.6	2,308	479,315	796,113	0	0	0	0	0	0	0	49,631	3,915,915	5,243,282	0	5,243,282
8.2 All other claims adjustment expenses	3,494	651,547	991,159	0	0	0	0	0	0	0	1,109,507	7,315,406	10,071,115	0	10,071,115
8.3 Total claims adjustment expenses (Lines 8.1 + 8.2)	5,802	1,130,863	1,787,272	0	0	0	0	0	0	0	1,159,139	11,231,321	15,314,397	0	15,314,397
9. Claims Adjustment Expense Ratio (Line 8.3/Line 1.8)	0.044	0.030	0.028	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.016	0.028	XXX	XXX	XXX

SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 1 (Continued)

	Business Subject to MLR									10	11	12	13	14	15
	Comprehensive Health Coverage			Mini-Med Plans			Expatriate Plans		9						
	1 Individual	2 Small Group Employer	3 Large Group Employer	4 Individual	5 Small Group Employer	6 Large Group Employer	7 Small Group	8 Large Group	Student Health Plans	Government Business (excluded by statute)	Other Health Business	Medicare Advantage Part C and Medicare Part D Stand-Alone Subject to ACA	Subtotal (Cols. 1 through 12)	Uninsured Plans	Total 13 + 14
10. General and Administrative (G&A) Expenses:															
10.1 Direct sales salaries and benefits	786	153,761	294,174	0	0	0	0	0	0	0	115,009	1,477,499	2,041,228	0	2,041,228
10.2 Agents and brokers fees and commissions	9,446	2,008,811	1,297,992	0	0	0	0	0	0	0	2,980,081	5,862,202	12,158,532	0	12,158,532
10.3 Other taxes (excluding taxes on Lines 1.5 through 1.7 and Line 14 below)	(150)	24,951	1,806	0	0	0	0	0	0	0	139,620	497,460	663,687	0	663,687
10.4 Other general and administrative expenses	10,267	1,954,874	2,045,786	0	0	0	0	0	0	53,445	7,143,382	14,657,070	25,864,823	0	25,864,823
10.4a Community Benefit Expenditures (informational only)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
10.5 Total general and administrative (Lines 10.1 +10.2 + 10.3 + 10.4)	20,349	4,142,397	3,639,757	0	0	0	0	0	0	53,445	10,378,092	22,494,231	40,728,271	0	40,728,271
11. Underwriting Gain/(Loss) (Lines 1.12 - 5.7 - 6.6 - 8.3 - 10.5)	(68,882)	2,238,384	(581,560)	0	0	0	0	0	0	(1,369,924)	2,370,692	31,783,771	34,372,481	XXX	34,372,481
12. Income from fees of uninsured plans	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0
13. Net investment and other gain/(loss)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	8,976,973	XXX	8,976,973
14. Federal income taxes (excluding taxes on Line 1.5 above)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	130,705	XXX	130,705
15. Net gain or (loss) (Lines 11 + 12 + 13 - 14)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	43,218,748	XXX	43,218,748
16. ICD-10 Implementation Expenses (informational only; already included in general expenses and line 10.4)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
16. 16a ICD-10 Implementation Expenses (informational only; already included in line 10.4)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
OTHER INDICATORS:															
1. Number of certificates/policies	20	4,372	6,922	0	0	0	0	0	0	0	45,062	56,923	113,299	0	113,299
2. Number of Covered Lives	37	7,265	12,313	0	0	0	0	0	0	0	53,071	56,923	129,609	0	129,609
3. Number of Groups	XXX	772	160	XXX	0	0	0	0	0	0	581	0	1,513	0	1,513
4. Member Months	440	87,712	150,301	0	0	0	0	0	0	0	641,169	665,481	1,545,103	0	1,545,103

Is run off business reported in Columns 1 through 9 or 12? Yes [ ] No [ ] If yes, show the amount of premiums and claims included. Premiums $ 0 Claims $ 0

216-2.NM

AFFORDABLE CARE ACT (ACA) RECEIPTS, PAYMENTS, RECEIVABLES and PAYABLES

	Current Year Comprehensive Health Coverage		Prior Year Comprehensive Health Coverage	
	1 Individual Plans	2 Small Group Employer Plans	3 Individual Plans	4 Small Group Employer Plans
ACA Receivables and Payables				
1. Permanent ACA Risk Adjustment Program 1.0 Premium adjustments receivable/(payable)	(67,769)	(1,728,522)	(86,006)	1,097,315
2. Transitional ACA Reinsurance Program 2.0 Total amounts recoverable for claims (paid & unpaid)	0	XXX	0	XXX
3. Temporary ACA Risk Corridors Program 3.1 Accrued retrospective premium	0	0	0	0
3.2 Reserve for rate credits or policy experience refunds	0	0	0	0
ACA Receipts and Payments				
4. Permanent ACA Risk Adjustment Program 4.0 Premium adjustments receipts/(payments)	(90,278)	894,094	(86,771)	420,293
5. Transitional ACA Reinsurance Program 5.0 Amounts received for claims	0	XXX	0	XXX
6. Temporary ACA Risk Corridors Program 6.1 Retrospective premium received	0	0	0	0
6.2 Rate credits or policy experience refunds paid	0	0	0	0

SUPPLEMENT FOR THE YEAR 2018 OF THE UnitedHealthcare Insurance Company

SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 2

(To Be Filed by April 1 - Not for Rebate Purposes)

REPORT FOR: 1. CORPORATION UnitedHealthcare Insurance Company 2. 185 Asylum Street Hartford, CT 061033408 (LOCATION)

NAIC Group Code 0707 BUSINESS IN THE STATE OF New Mexico DURING THE YEAR 2018 NAIC Company Code 79413

	Business Subject to MLR												
	Comprehensive Health Coverage			Mini-Med Plans			Expatriate Plans:		9	10	11	12	13
	1	2	3	4	5	6	7	8					
	Individual	Small Group Employer	Large Group Employer	Individual	Small Group Employer	Large Group Employer	Small Group	Large Group	Student Health Plans	Government Business (excluded by statute)	Other Health Business	Medicare Advantage Part C and Medicare Part D Stand-Alone Subject to ACA	Total (a)
1. Health Premiums Earned:													
1.1 Direct premiums written	131,403	41,005,728	67,873,590	0	0	0	0	0	0	0	73,317,529	412,448,859	594,777,110
1.2 Unearned premium prior year	0	7,408	0	0	0	0	0	0	0	0	861	0	8,269
1.3 Unearned premium current year	0	4,628	(14,441)	0	0	0	0	0	0	0	(304)	0	(10,116)
1.4 Change in unearned premium (Lines 1.2 - 1.3)	0	2,779	14,441	0	0	0	0	0	0	0	1,165	0	18,385
1.5 Paid rate credits	420	604,971	355,232	0	0	0	0	0	0	0	(553,593)	1,405,758	1,812,787
1.6 Reserve for rate credits current year	0	761,883	(274,256)	0	0	0	0	0	0	0	80,677	2,474,774	3,043,078
1.7 Reserve for rate credits prior year	0	1,173,705	75,227	0	0	0	0	0	0	0	52,788	1,690,745	2,992,464
1.8 Change in reserve for rate credits (Lines 1.6 - 1.7)	0	(411,822)	(349,483)	0	0	0	0	0	0	0	27,889	784,029	50,613
1.9 Premium balances written off	0	4,070	0	0	0	0	0	0	0	0	146	323,737	327,953
1.10 Group conversion charge	0	0	0	0	0	0	0	0	0	0	0	0	0
1.11 Total direct premiums earned (Lines 1.1 + 1.4 - 1.9 + 1.10)	131,403	41,004,438	67,888,030	0	0	0	0	0	0	0	73,318,548	412,125,122	594,467,541
1.12 Assumed premiums earned from non-affiliates	0	0	0	0	0	0	0	0	0	0	0	0	0
1.13 Net Assumed less Ceded premiums earned from affiliates	0	0	0	0	0	0	0	0	0	1,365,619	0	0	1,365,619
1.14 Ceded premiums earned to non-affiliates	0	0	7,662,534	0	0	0	0	0	0	0	113,239	0	7,775,774
1.15 Other Adjustments due to MLR calculation - Premiums	0	4,070	0	0	0	0	0	0	0	0	146	323,737	327,953
1.16 Net premiums earned (Lines 1.11 - 1.5 - 1.8 + 1.12 + 1.13 - 1.14 + 1.15)	130,984	40,815,359	60,219,747	0	0	0	0	0	0	1,365,619	73,731,158	410,259,072	586,521,939
2. Direct Claims Incurred:													
2.1 Paid claims during the year	172,832	29,762,542	56,095,443	0	0	0	0	0	0	(2,040,082)	56,034,664	321,861,263	461,886,661
2.2 Direct claim liability current year	0	3,899,441	6,673,734	0	0	0	0	0	0	(812,493)	6,584,570	41,606,998	57,952,252
2.3 Direct claim liability prior year	1	3,332,759	4,777,202	0	0	0	0	0	0	(2,850,968)	6,243,526	37,012,787	48,515,307
2.4 Direct claim reserves current year	0	81,297	199,275	0	0	0	0	0	0	0	3,924,704	534,131	4,739,406
2.5 Direct claim reserves prior year	0	78,972	94,948	0	0	0	0	0	0	0	4,571,156	502,217	5,247,293
2.6 Direct contract reserves current year	0	0	0	0	0	0	0	0	0	0	20,184	0	20,184
2.7 Direct contract reserves prior year	0	0	0	0	0	0	0	0	0	0	30,990	0	30,990
2.8 Paid rate credits	420	604,971	355,232	0	0	0	0	0	0	0	(553,593)	1,405,758	1,812,787
2.9 Reserve for rate credits current year	0	761,883	(274,256)	0	0	0	0	0	0	0	80,677	2,474,774	3,043,078
2.10 Reserve for rate credits prior year	0	1,173,705	75,227	0	0	0	0	0	0	0	52,788	1,690,745	2,992,464
2.11 Incurred medical incentive pools and bonuses (Lines 2.11a + 2.11b - 2.11c)	0	5,742	29,570	0	0	0	0	0	0	0	0	425,948	461,260
2.11a Paid medical incentive pools and bonuses current year	0	5,413	10,655	0	0	0	0	0	0	0	0	287,898	303,966
2.11b Accrued medical incentive pools and bonuses current year	0	14,029	57,785	0	0	0	0	0	0	0	0	311,720	383,534
2.11c Accrued medical incentive pools and bonuses prior year	0	13,700	38,870	0	0	0	0	0	0	0	0	173,670	226,240
2.12 Net healthcare receivables (Lines 2.12a - 2.12b)	0	178,012	268,834	0	0	0	0	0	0	1	(4,541)	4,307,232	4,749,538
2.12a Healthcare receivables current year	0	896,484	1,207,567	0	0	0	0	0	0	43	(4,541)	22,139,415	24,238,968
2.12b Healthcare receivables prior year	0	718,471	938,734	0	0	0	0	0	0	43	0	17,832,182	19,489,430
2.13 Group conversion charge	0	0	0	0	0	0	0	0	0	0	0	0	0
2.14 Multi-option coverage blended rate adjustment	0	0	0	0	0	0	0	0	0	0	0	0	0
2.15 Total incurred claims (Lines 2.1 + 2.2 - 2.3 + 2.4 - 2.5 + 2.6 - 2.7 + 2.8 + 2.9 - 2.10 + 2.11 - 2.12 + 2.13 + 2.14)	173,251	30,352,428	57,862,786	0	0	0	0	0	0	(1,607)	55,197,288	324,795,889	468,380,035
2.16 Assumed incurred claims from non-affiliates	0	0	0	0	0	0	0	0	0	0	0	0	0
2.17 Net assumed less ceded incurred claims from affiliates	0	0	0	0	0	0	0	0	0	2,976,875	0	0	2,976,875
2.18 Ceded incurred claims to non-affiliates	0	0	6,157,497	0	0	0	0	0	0	0	(211,816)	0	5,945,680
2.19 Other adjustments due to MLR calculation - Claims	0	0	0	0	0	0	0	0	0	0	0	0	0
2.20 Net Incurred Claims (Lines 2.15 - 2.8 - 2.9 + 2.10 + 2.16 + 2.17 - 2.18 + 2.19)	172,831	30,159,279	51,699,540	0	0	0	0	0	0	2,975,269	55,934,808	322,606,103	463,547,830
3. Fraud and Abuse Recoveries that Reduced PAID Claims in Line 2.1 above (informational only)	0	1,356	4,910	0	0	0	0	0	0	0	0	0	6,266

(a) Column 13, Line 1.1 includes direct written premium of $ 2,064,715 for stand-alone dental and $ 665,992 for stand-alone vision policies.

SUPPLEMENT FOR THE YEAR 2018 OF THE UnitedHealthcare Insurance Company

SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 3

(To Be Filed by April 1 - Not for Rebate Purposes)

REPORT FOR: 1. CORPORATION UnitedHealthcare Insurance Company 2. 185 Asylum Street Hartford, CT 061033408 (LOCATION)

NAIC Group Code 0707 BUSINESS IN THE STATE OF New Mexico DURING THE YEAR 2018 NAIC Company Code 79413

	All Expenses	Improving Health Care Quality Expenses						Claims Adjustment Expenses		9	10
		1 Improve Health Outcomes	2 Activities to Prevent Hospital Readmissions	3 Improve Patient Safety and Reduce Medical Errors	4 Wellness & Health Promotion Activities	5 HIT Expenses	6 Total (1 to 5)	7 Cost Containment Expenses	8 Other Claims Adjustment Expenses	General Administrative Expenses	Total Expenses (6 to 9)
1.	Individual Comprehensive Coverage Expenses:										
	1.1 Salaries (including $ 4,940 for affiliated services)	0	0	0	0	0	0	619	992	3,330	4,940
	1.2 Outsourced Services	0	0	0	0	0	0	175	114	321	609
	1.3 EDP Equipment and Software (incl $ 349 for affiliated services)	0	0	0	0	0	0	52	83	215	349
	1.4 Other Equipment (excl. EDP) (incl $ 34 for affiliated services)	0	0	0	0	0	0	5	8	21	34
	1.5 Accreditation and Certification (incl $ 4 for affiliated services)	0	XXX	XXX	XXX	XXX	0	1	1	2	4
	1.6 Other Expenses (incl $ 11,071 for affiliated services)	1,051	0	0	0	0	1,051	1,384	2,219	16,555	21,209
	1.7 Subtotal before Reimbursements and Taxes (Lines 1.1 to 1.6)	1,051	0	0	0	0	1,051	2,234	3,416	20,443	27,145
	1.8 Reimbursements by uninsured plans and fiscal intermediaries	0	0	0	0	0	0	0	0	0	0
	1.9 Taxes, Licenses and Fees (in total, for tying purposes)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	14,492	14,492
	1.10 Total (1.7 to 1.9)	1,051	0	0	0	0	1,051	2,234	3,416	34,935	41,637
	1.11 Total Fraud and Abuse Detection/Recovery Expenses included in Column 7 (informational only)	0	0	0	0	0	0	633	0	0	633
2.	Small Group Comprehensive Coverage Expenses:										
	2.1 Salaries (including $ 982,417 for affiliated services)	0	0	0	0	0	0	120,587	184,777	677,052	982,417
	2.2 Outsourced Services	0	0	0	0	0	0	55,429	21,176	88,113	164,717
	2.3 EDP Equipment and Software (incl $ 69,658 for affiliated services)	0	0	0	0	0	0	10,070	15,430	44,159	69,658
	2.4 Other Equipment (excl. EDP) (incl $ 6,686 for affiliated services)	0	0	0	0	0	0	967	1,481	4,239	6,686
	2.5 Accreditation and Certification (incl $ 726 for affiliated services)	0	XXX	XXX	XXX	XXX	0	105	161	460	726
	2.6 Other Expenses (incl $ 2,235,321 for affiliated services)	328,036	0	0	0	0	328,036	277,829	413,266	3,292,534	4,311,664
	2.7 Subtotal before Reimbursements and Taxes (Lines 2.1 to 2.6)	328,036	0	0	0	0	328,036	464,986	636,290	4,106,558	5,535,869
	2.8 Reimbursements by uninsured plans and fiscal intermediaries	0	0	0	0	0	0	0	0	0	0
	2.9 Taxes, Licenses and Fees (in total, for tying purposes)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	962,888	962,888
	2.10 Total (2.7 to 2.9)	328,036	0	0	0	0	328,036	464,986	636,290	5,069,446	6,498,757
	2.11 Total Fraud and Abuse Detection/Recovery Expenses included in Column 7 (informational only)	0	0	0	0	0	0	123,751	0	0	123,751
3.	Large Group Comprehensive Coverage Expenses:										
	3.1 Salaries (including $ 1,477,648 for affiliated services)	0	0	0	0	0	0	193,482	281,604	1,002,562	1,477,648
	3.2 Outsourced Services	0	0	0	0	0	0	116,060	32,272	131,021	279,353
	3.3 EDP Equipment and Software (incl $ 99,709 for affiliated services)	0	0	0	0	0	0	16,157	23,515	60,037	99,709
	3.4 Other Equipment (excl. EDP) (incl $ 9,571 for affiliated services)	0	0	0	0	0	0	1,551	2,257	5,763	9,571
	3.5 Accreditation and Certification (incl $ 1,039 for affiliated services)	0	XXX	XXX	XXX	XXX	0	168	245	626	1,039
	3.6 Other Expenses (incl $ 3,306,850 for affiliated services)	543,104	0	0	0	0	543,104	445,414	629,826	2,418,276	4,036,620
	3.7 Subtotal before Reimbursements and Taxes (Lines 3.1 to 3.6)	543,104	0	0	0	0	543,104	772,831	969,720	3,618,286	5,903,941
	3.8 Reimbursements by uninsured plans and fiscal intermediaries	0	0	0	0	0	0	0	0	0	0
	3.9 Taxes, Licenses and Fees (in total, for tying purposes)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1,214,335	1,214,335
	3.10 Total (3.7 to 3.9)	543,104	0	0	0	0	543,104	772,831	969,720	4,832,620	7,118,276
	3.11 Total Fraud and Abuse Detection/Recovery Expenses included in Column 7 (informational only)	0	0	0	0	0	0	210,890	0	0	210,890

SUPPLEMENT FOR THE YEAR 2018 OF THE UnitedHealthcare Insurance Company

SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 3 (Continued)

	All Expenses	Improving Health Care Quality Expenses						Claims Adjustment Expenses		9	10
		1 Improve Health Outcomes	2 Activities to Prevent Hospital Readmissions	3 Improve Patient Safety and Reduce Medical Errors	4 Wellness & Health Promotion Activities	5 HIT Expenses	6 Total (1 to 5)	7 Cost Containment Expenses	8 Other Claims Adjustment Expenses	General Administrative Expenses	Total Expenses (6 to 9)
4.	Individual Mini-Med Plans Expenses:										
	4.1 Salaries (including $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	4.2 Outsourced Services	0	0	0	0	0	0	0	0	0	0
	4.3 EDP Equipment and Software (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	4.4 Other Equipment (excl. EDP) (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	4.5 Accreditation and Certification (incl $ 0 for affiliated services)	0	XXX	XXX	XXX	XXX	0	0	0	0	0
	4.6 Other Expenses (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	4.7 Subtotal before Reimbursements and Taxes (Lines 4.1 to 4.6)	0	0	0	0	0	0	0	0	0	0
	4.8 Reimbursements by uninsured plans and fiscal intermediaries	0	0	0	0	0	0	0	0	0	0
	4.9 Taxes, Licenses and Fees (in total, for tying purposes)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0
	4.10 Total (4.7 to 4.9)	0	0	0	0	0	0	0	0	0	0
	4.11 Total Fraud and Abuse Detection/Recovery Expenses included in Column 7 (informational only)	0	0	0	0	0	0	0	0	0	0
5.	Small Group Mini-Med Plans Expenses:										
	5.1 Salaries (including $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	5.2 Outsourced Services	0	0	0	0	0	0	0	0	0	0
	5.3 EDP Equipment and Software (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	5.4 Other Equipment (excl. EDP) (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	5.5 Accreditation and Certification (incl $ 0 for affiliated services)	0	XXX	XXX	XXX	XXX	0	0	0	0	0
	5.6 Other Expenses (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	5.7 Subtotal before Reimbursements and Taxes (Lines 5.1 to 5.6)	0	0	0	0	0	0	0	0	0	0
	5.8 Reimbursements by uninsured plans and fiscal intermediaries	0	0	0	0	0	0	0	0	0	0
	5.9 Taxes, Licenses and Fees (in total, for tying purposes)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0
	5.10 Total (5.7 to 5.9)	0	0	0	0	0	0	0	0	0	0
	5.11 Total Fraud and Abuse Detection/Recovery Expenses included in Column 7 (informational only)	0	0	0	0	0	0	0	0	0	0
6.	Large Group Mini-Med Plans Expenses:										
	6.1 Salaries (including $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	6.2 Outsourced Services	0	0	0	0	0	0	0	0	0	0
	6.3 EDP Equipment and Software (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	6.4 Other Equipment (excl. EDP) (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	6.5 Accreditation and Certification (incl $ 0 for affiliated services)	0	XXX	XXX	XXX	XXX	0	0	0	0	0
	6.6 Other Expenses (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	6.7 Subtotal before Reimbursements and Taxes (Lines 6.1 to 6.6)	0	0	0	0	0	0	0	0	0	0
	6.8 Reimbursements by uninsured plans and fiscal intermediaries	0	0	0	0	0	0	0	0	0	0
	6.9 Taxes, Licenses and Fees (in total, for tying purposes)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0
	6.10 Total (6.7 to 6.9)	0	0	0	0	0	0	0	0	0	0
	6.11 Total Fraud and Abuse Detection/Recovery Expenses included in Column 7 (informational only)	0	0	0	0	0	0	0	0	0	0

SUPPLEMENT FOR THE YEAR 2018 OF THE UnitedHealthcare Insurance Company

SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 3 (Continued)

	All Expenses	Improving Health Care Quality Expenses						Claims Adjustment Expenses		9	10
		1 Improve Health Outcomes	2 Activities to Prevent Hospital Readmissions	3 Improve Patient Safety and Reduce Medical Errors	4 Wellness & Health Promotion Activities	5 HIT Expenses	6 Total (1 to 5)	7 Cost Containment Expenses	8 Other Claims Adjustment Expenses	General Administrative Expenses	Total Expenses (6 to 9)
7.	Small Group Expatriate Plans Expenses:										
	7.1 Salaries (including $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	7.2 Outsourced Services	0	0	0	0	0	0	0	0	0	0
	7.3 EDP Equipment and Software (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	7.4 Other Equipment (excl. EDP) (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	7.5 Accreditation and Certification (incl $ 0 for affiliated services)	0	XXX	XXX	XXX	XXX	0	0	0	0	0
	7.6 Other Expenses (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	7.7 Subtotal before Reimbursements and Taxes (Lines 7.1 to 7.6)	0	0	0	0	0	0	0	0	0	0
	7.8 Reimbursements by uninsured plans and fiscal intermediaries	0	0	0	0	0	0	0	0	0	0
	7.9 Taxes, Licenses and Fees (in total, for tying purposes)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0
	7.10 Total (7.7 to 7.9)	0	0	0	0	0	0	0	0	0	0
	7.11 Total Fraud and Abuse Detection/Recovery Expenses included in Column 7 (informational only)	0	0	0	0	0	0	0	0	0	0
8.	Large Group Expatriate Plans Expenses:										
	8.1 Salaries (including $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	8.2 Outsourced Services	0	0	0	0	0	0	0	0	0	0
	8.3 EDP Equipment and Software (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	8.4 Other Equipment (excl. EDP) (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	8.5 Accreditation and Certification (incl $ 0 for affiliated services)	0	XXX	XXX	XXX	XXX	0	0	0	0	0
	8.6 Other Expenses (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	8.7 Subtotal before Reimbursements and Taxes (Lines 8.1 to 8.6)	0	0	0	0	0	0	0	0	0	0
	8.8 Reimbursements by uninsured plans and fiscal intermediaries	0	0	0	0	0	0	0	0	0	0
	8.9 Taxes, Licenses and Fees (in total, for tying purposes)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0
	8.10 Total (8.7 to 8.9)	0	0	0	0	0	0	0	0	0	0
	8.11 Total Fraud and Abuse Detection/Recovery Expenses included in Column 7 (informational only)	0	0	0	0	0	0	0	0	0	0
9.	Student Health Plans Expenses:										
	9.1 Salaries (including $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	9.2 Outsourced Services	0	0	0	0	0	0	0	0	0	0
	9.3 EDP Equipment and Software (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	9.4 Other Equipment (excl. EDP) (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	9.5 Accreditation and Certification (incl $ 0 for affiliated services)	0	XXX	XXX	XXX	XXX	0	0	0	0	0
	9.6 Other Expenses (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	9.7 Subtotal before Reimbursements and Taxes (Lines 9.1 to 9.6)	0	0	0	0	0	0	0	0	0	0
	9.8 Reimbursements by uninsured plans and fiscal intermediaries	0	0	0	0	0	0	0	0	0	0
	9.9 Taxes, Licenses and Fees (in total, for tying purposes)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0
	9.10 Total (9.7 to 9.9)	0	0	0	0	0	0	0	0	0	0
	9.11 Total Fraud and Abuse Detection/Recovery Expenses included in Column 7 (informational only)	0	0	0	0	0	0	0	0	0	0



SUPPLEMENT FOR THE YEAR 2018 OF THE UnitedHealthcare Insurance Company

SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 1

(To Be Filed by April 1 - Not for Rebate Purposes - See Cautionary Statement at http://www.naic.org/documents/committees_e_app_blanks_related_shce_cautionary_statement.pdf)

REPORT FOR: 1. CORPORATION UnitedHealthcare Insurance Company 2. 185 Asylum Street Hartford, CT 061033408 (LOCATION)

NAIC Group Code 0707 BUSINESS IN THE STATE OF New York DURING THE YEAR 2018 NAIC Company Code 79413

	Business Subject to MLR									10	11	12	13	14	15
	Comprehensive Health Coverage			Mini-Med Plans			Expatriate Plans		9						
	1 Individual	2 Small Group Employer	3 Large Group Employer	4 Individual	5 Small Group Employer	6 Large Group Employer	7 Small Group	8 Large Group	Student Health Plans	Government Business (excluded by statute)	Other Health Business	Medicare Advantage Part C and Medicare Part D Stand-Alone Subject to ACA	Subtotal (Cols. 1 through 12)	Uninsured Plans	Total 13 + 14
1. Premium:															
1.1 Health premiums earned (From Part 2, Line 1.11)	0	0	0	0	0	0	0	0	0	0	0	0	0	XXX	0
1.2 Federal high risk pools	0	0	0	0	0	0	0	0	0	0	0	0	0	XXX	0
1.3 State high risk pools	0	0	0	0	0	0	0	0	0	0	0	0	0	XXX	0
1.4 Premiums earned including state and federal high risk programs (Lines 1.1 + 1.2 + 1.3)	0	0	0	0	0	0	0	0	0	0	0	0	0	XXX	0
1.5 Federal taxes and federal assessments	(22,639)	(193,778)	4,377,293	0	0	0	0	0	0	0	5,113,985	3,574,521	12,849,383	203,188	13,052,571
1.6 State insurance, premium and other taxes (Similar local taxes of $ 0)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
1.6a Community Benefit Expenditures (informational only)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
1.7 Regulatory authority licenses and fees	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
1.8 Adjusted Premiums Earned (Lines 1.4 - 1.5 - 1.6 - 1.7)	22,639	193,778	(4,377,293)	0	0	0	0	0	0	0	(5,113,985)	(3,574,521)	(12,849,383)	XXX	(13,052,571)
1.9 Net Assumed less Ceded reinsurance premiums earned	411,111	3,929,633	285,329,172	0	0	0	0	0	0	0	631,283,738	139,348,495	1,060,302,148	XXX	1,060,302,148
1.10 Other Adjustments due to MLR calculations - Premiums	0	0	0	0	0	0	0	0	0	0	0	0	0	XXX	0
1.11 Risk Revenue	0	0	0	0	0	0	0	0	0	0	0	0	0	XXX	0
1.12 Net adjusted premiums earned after reinsurance (Lines 1.8 + 1.9 + 1.10 + 1.11)	433,749	4,123,410	280,951,879	0	0	0	0	0	0	0	626,169,753	135,773,973	1,047,452,765	XXX	1,047,249,577
2. Claims:															
2.1 Incurred claims excluding prescription drugs	0	0	0	0	0	0	0	0	0	0	0	0	0	XXX	0
2.2 Prescription drugs	0	0	0	0	0	0	0	0	0	0	0	0	0	XXX	0
2.3 Pharmaceutical rebates	0	0	0	0	0	0	0	0	0	0	0	0	0	XXX	0
2.4 State stop loss, market stabilization and claim/census based assessments (informational only)	0	0	0	0	0	0	0	0	0	0	0	0	0	XXX	0
3. Incurred medical incentive pools and bonuses	0	0	0	0	0	0	0	0	0	0	0	0	0	XXX	0
4. Deductible Fraud and Abuse Detection/Recovery Expenses (for MLR use only)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
5. 5.0 Total Incurred Claims (Lines 2.1 + 2.2 - 2.3 + 3) (From Part 2, Line 2.15)	0	0	0	0	0	0	0	0	0	0	0	0	0	XXX	0
5.1 Net Assumed less Ceded reinsurance claims incurred	488,840	4,199,916	224,843,469	0	0	0	0	0	1	0	496,552,990	97,851,999	823,937,214	XXX	823,937,214
5.2 Other Adjustments due to MLR calculations - Claims	0	0	0	0	0	0	0	0	0	0	0	0	0	XXX	0
5.3 Rebates paid	0	0	0	0	0	0	0	0	0	XXX	XXX	0	0	XXX	0
5.4 Estimated rebates unpaid prior year	0	0	0	0	0	0	0	0	0	XXX	XXX	0	0	XXX	0
5.5 Estimated rebates unpaid current year	0	0	0	0	0	0	0	0	0	XXX	XXX	0	0	XXX	0
5.6 Fee for service and co-pay revenue	0	0	0	0	0	0	0	0	0	0	0	0	0	XXX	0
5.7 Net incurred claims after reinsurance (Lines 5.0 + 5.1 + 5.2 + 5.3 - 5.4 + 5.5 - 5.6)	488,840	4,199,916	224,843,469	0	0	0	0	0	1	0	496,552,990	97,852,000	823,937,215	XXX	823,937,215
6. Improving Health Care Quality Expenses Incurred:															
6.1 Improve health outcomes	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
6.2 Activities to prevent hospital readmissions	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
6.3 Improve patient safety and reduce medical errors	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
6.4 Wellness and health promotion activities	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
6.5 Health Information Technology expenses related to health improvement	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
6.6 Total of Defined Expenses Incurred for Improving Health Care Quality (Lines 6.1+6.2+6.3+6.4+6.5)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
7. Preliminary Medical Loss Ratio: MLR ((Lines 4 + 5.0 + 6.6 - Footnote 2.0)/Line 1.8	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	XXX	XXX	0.000	XXX	XXX	XXX
8. Claims Adjustment Expenses:															
8.1 Cost containment expenses not included in quality of care expenses in Line 6.6	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
8.2 All other claims adjustment expenses	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
8.3 Total claims adjustment expenses (Lines 8.1 + 8.2)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
9. Claims Adjustment Expense Ratio (Line 8.3/Line 1.8)	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	XXX	XXX	XXX

SUPPLEMENT FOR THE YEAR 2018 OF THE UnitedHealthcare Insurance Company

SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 1 (Continued)

	Business Subject to MLR									10	11	12	13	14	15
	Comprehensive Health Coverage			Mini-Med Plans			Expatriate Plans		9						
	1 Individual	2 Small Group Employer	3 Large Group Employer	4 Individual	5 Small Group Employer	6 Large Group Employer	7 Small Group	8 Large Group	Student Health Plans	Government Business (excluded by statute)	Other Health Business	Medicare Advantage Part C and Medicare Part D Stand-Alone Subject to ACA	Subtotal (Cols. 1 through 12)	Uninsured Plans	Total 13 + 14
10. General and Administrative (G&A) Expenses:															
10.1 Direct sales salaries and benefits	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
10.2 Agents and brokers fees and commissions	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
10.3 Other taxes (excluding taxes on Lines 1.5 through 1.7 and Line 14 below)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
10.4 Other general and administrative expenses	35,894	702,281	38,516,193	0	0	0	0	0	0	0	109,063,801	23,556,075	171,874,243	(1,150,484)	170,723,759
10.4a Community Benefit Expenditures (informational only)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
10.5 Total general and administrative (Lines 10.1 +10.2 + 10.3 + 10.4)	35,894	702,281	38,516,193	0	0	0	0	0	0	0	109,063,801	23,556,075	171,874,243	(1,150,484)	170,723,759
11. Underwriting Gain/(Loss) (Lines 1.12 - 5.7 - 6.6 - 8.3 - 10.5)	(90,984)	(778,786)	17,592,217	0	0	0	0	0	(1)	0	20,552,962	14,365,899	51,641,307	XXX	52,588,604
12. Income from fees of uninsured plans	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	(130,689)	(130,689)
13. Net investment and other gain/(loss)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	237	XXX	237
14. Federal income taxes (excluding taxes on Line 1.5 above)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	14	XXX	14
15. Net gain or (loss) (Lines 11 + 12 + 13 - 14)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	51,641,530	XXX	52,458,137
16. ICD-10 Implementation Expenses (informational only; already included in general expenses and line 10.4)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
16. 16a ICD-10 Implementation Expenses (informational only; already included in line 10.4)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
OTHER INDICATORS:															
1. Number of certificates/policies	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
2. Number of Covered Lives	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
3. Number of Groups	XXX	0	0	XXX	0	0	0	0	0	0	0	0	0	0	0
4. Member Months	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0

Is run off business reported in Columns 1 through 9 or 12? Yes [ ] No [ ] If yes, show the amount of premiums and claims included. Premiums $ 0 Claims $ 0

216-2.NY

AFFORDABLE CARE ACT (ACA) RECEIPTS, PAYMENTS, RECEIVABLES and PAYABLES

	Current Year Comprehensive Health Coverage		Prior Year Comprehensive Health Coverage	
	1 Individual Plans	2 Small Group Employer Plans	3 Individual Plans	4 Small Group Employer Plans
ACA Receivables and Payables				
1. Permanent ACA Risk Adjustment Program 1.0 Premium adjustments receivable/(payable)	0	0	0	0
2. Transitional ACA Reinsurance Program 2.0 Total amounts recoverable for claims (paid & unpaid)	0	XXX	0	XXX
3. Temporary ACA Risk Corridors Program 3.1 Accrued retrospective premium	0	0	0	0
3.2 Reserve for rate credits or policy experience refunds	0	0	0	0
ACA Receipts and Payments				
4. Permanent ACA Risk Adjustment Program 4.0 Premium adjustments receipts/(payments)	0	0	0	0
5. Transitional ACA Reinsurance Program 5.0 Amounts received for claims	0	XXX	0	XXX
6. Temporary ACA Risk Corridors Program 6.1 Retrospective premium received	0	0	0	0
6.2 Rate credits or policy experience refunds paid	0	0	0	0

SUPPLEMENT FOR THE YEAR 2018 OF THE UnitedHealthcare Insurance Company

SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 2

(To Be Filed by April 1 - Not for Rebate Purposes)

REPORT FOR: 1. CORPORATION UnitedHealthcare Insurance Company 2. 185 Asylum Street Hartford, CT 061033408 (LOCATION)

NAIC Group Code 0707 BUSINESS IN THE STATE OF New York DURING THE YEAR 2018 NAIC Company Code 79413

	Business Subject to MLR								9	10	11	12	13
	Comprehensive Health Coverage			Mini-Med Plans			Expatriate Plans:						
	1 Individual	2 Small Group Employer	3 Large Group Employer	4 Individual	5 Small Group Employer	6 Large Group Employer	7 Small Group	8 Large Group	Student Health Plans	Government Business (excluded by statute)	Other Health Business	Medicare Advantage Part C and Medicare Part D Stand-Alone Subject to ACA	Total (a)
1. Health Premiums Earned:													
1.1 Direct premiums written	0	0	0	0	0	0	0	0	0	0	0	0	0
1.2 Unearned premium prior year	0	0	0	0	0	0	0	0	0	0	0	0	0
1.3 Unearned premium current year	0	0	0	0	0	0	0	0	0	0	0	0	0
1.4 Change in unearned premium (Lines 1.2 - 1.3)	0	0	0	0	0	0	0	0	0	0	0	0	0
1.5 Paid rate credits	0	0	0	0	0	0	0	0	0	0	0	0	0
1.6 Reserve for rate credits current year	0	0	0	0	0	0	0	0	0	0	0	0	0
1.7 Reserve for rate credits prior year	0	0	0	0	0	0	0	0	0	0	0	0	0
1.8 Change in reserve for rate credits (Lines 1.6 - 1.7)	0	0	0	0	0	0	0	0	0	0	0	0	0
1.9 Premium balances written off	0	0	0	0	0	0	0	0	0	0	0	0	0
1.10 Group conversion charge	0	0	0	0	0	0	0	0	0	0	0	0	0
1.11 Total direct premiums earned (Lines 1.1 + 1.4 - 1.9 + 1.10)	0	0	0	0	0	0	0	0	0	0	0	0	0
1.12 Assumed premiums earned from non-affiliates	0	0	0	0	0	0	0	0	0	0	0	0	0
1.13 Net Assumed less Ceded premiums earned from affiliates	411,111	3,929,633	338,008,118	0	0	0	0	0	0	0	631,283,738	139,348,495	1,112,981,094
1.14 Ceded premiums earned to non-affiliates	0	0	52,678,946	0	0	0	0	0	0	0	0	0	52,678,946
1.15 Other Adjustments due to MLR calculation - Premiums	0	0	0	0	0	0	0	0	0	0	0	0	0
1.16 Net premiums earned (Lines 1.11 - 1.5 - 1.8 + 1.12 + 1.13 - 1.14 + 1.15)	411,111	3,929,633	285,329,172	0	0	0	0	0	0	0	631,283,738	139,348,494	1,060,302,148
2. Direct Claims Incurred:													
2.1 Paid claims during the year	0	0	0	0	0	0	0	0	0	0	0	0	0
2.2 Direct claim liability current year	0	0	0	0	0	0	0	0	0	0	0	0	0
2.3 Direct claim liability prior year	0	0	0	0	0	0	0	0	0	0	0	0	0
2.4 Direct claim reserves current year	0	0	0	0	0	0	0	0	0	0	0	0	0
2.5 Direct claim reserves prior year	0	0	0	0	0	0	0	0	0	0	0	0	0
2.6 Direct contract reserves current year	0	0	0	0	0	0	0	0	0	0	0	0	0
2.7 Direct contract reserves prior year	0	0	0	0	0	0	0	0	0	0	0	0	0
2.8 Paid rate credits	0	0	0	0	0	0	0	0	0	0	0	0	0
2.9 Reserve for rate credits current year	0	0	0	0	0	0	0	0	0	0	0	0	0
2.10 Reserve for rate credits prior year	0	0	0	0	0	0	0	0	0	0	0	0	0
2.11 Incurred medical incentive pools and bonuses (Lines 2.11a + 2.11b - 2.11c)	0	0	0	0	0	0	0	0	0	0	0	0	0
2.11a Paid medical incentive pools and bonuses current year	0	0	0	0	0	0	0	0	0	0	0	0	0
2.11b Accrued medical incentive pools and bonuses current year	0	0	0	0	0	0	0	0	0	0	0	0	0
2.11c Accrued medical incentive pools and bonuses prior year	0	0	0	0	0	0	0	0	0	0	0	0	0
2.12 Net healthcare receivables (Lines 2.12a - 2.12b)	0	0	0	0	0	0	0	0	0	0	0	0	0
2.12a Healthcare receivables current year	0	0	0	0	0	0	0	0	0	0	0	0	0
2.12b Healthcare receivables prior year	0	0	0	0	0	0	0	0	0	0	0	0	0
2.13 Group conversion charge	0	0	0	0	0	0	0	0	0	0	0	0	0
2.14 Multi-option coverage blended rate adjustment	0	0	0	0	0	0	0	0	0	0	0	0	0
2.15 Total incurred claims (Lines 2.1 + 2.2 - 2.3 + 2.4 - 2.5 + 2.6 - 2.7 + 2.8 + 2.9 - 2.10 + 2.11 - 2.12 + 2.13 + 2.14)	0	0	0	0	0	0	0	0	0	0	0	0	0
2.16 Assumed incurred claims from non-affiliates	0	0	0	0	0	0	0	0	0	0	0	0	0
2.17 Net assumed less ceded incurred claims from affiliates	488,840	4,199,916	265,678,027	0	0	0	0	0	1	0	496,552,990	97,851,999	864,771,772
2.18 Ceded incurred claims to non-affiliates	0	0	40,834,558	0	0	0	0	0	0	0	0	0	40,834,558
2.19 Other adjustments due to MLR calculation - Claims	0	0	0	0	0	0	0	0	0	0	0	0	0
2.20 Net Incurred Claims (Lines 2.15 - 2.8 - 2.9 + 2.10 + 2.16 + 2.17 - 2.18 + 2.19)	488,840	4,199,916	224,843,469	0	0	0	0	0	1	0	496,552,990	97,852,000	823,937,215
3. Fraud and Abuse Recoveries that Reduced PAID Claims in Line 2.1 above (informational only)	0	0	0	0	0	0	0	0	0	0	0	0	0

(a) Column 13, Line 1.1 includes direct written premium of $ 0 for stand-alone dental and $ 0 for stand-alone vision policies.

SUPPLEMENT FOR THE YEAR 2018 OF THE UnitedHealthcare Insurance Company

SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 3

(To Be Filed by April 1 - Not for Rebate Purposes)

REPORT FOR: 1. CORPORATION UnitedHealthcare Insurance Company 2. 185 Asylum Street Hartford, CT 061033408 (LOCATION)

NAIC Group Code 0707 BUSINESS IN THE STATE OF New York DURING THE YEAR 2018 NAIC Company Code 79413

	All Expenses	Improving Health Care Quality Expenses						Claims Adjustment Expenses		9	10
		1 Improve Health Outcomes	2 Activities to Prevent Hospital Readmissions	3 Improve Patient Safety and Reduce Medical Errors	4 Wellness & Health Promotion Activities	5 HIT Expenses	6 Total (1 to 5)	7 Cost Containment Expenses	8 Other Claims Adjustment Expenses	General Administrative Expenses	Total Expenses (6 to 9)
1.	Individual Comprehensive Coverage Expenses:										
	1.1 Salaries (including $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	1.2 Outsourced Services	0	0	0	0	0	0	0	0	0	0
	1.3 EDP Equipment and Software (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	1.4 Other Equipment (excl. EDP) (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	1.5 Accreditation and Certification (incl $ 0 for affiliated services)	0	XXX	XXX	XXX	XXX	0	0	0	0	0
	1.6 Other Expenses (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	35,894	35,894
	1.7 Subtotal before Reimbursements and Taxes (Lines 1.1 to 1.6)	0	0	0	0	0	0	0	0	35,894	35,894
	1.8 Reimbursements by uninsured plans and fiscal intermediaries	0	0	0	0	0	0	0	0	0	0
	1.9 Taxes, Licenses and Fees (in total, for tying purposes)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0
	1.10 Total (1.7 to 1.9)	0	0	0	0	0	0	0	0	35,894	35,894
	1.11 Total Fraud and Abuse Detection/Recovery Expenses included in Column 7 (informational only)	0	0	0	0	0	0	0	0	0	0
2.	Small Group Comprehensive Coverage Expenses:										
	2.1 Salaries (including $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	2.2 Outsourced Services	0	0	0	0	0	0	0	0	0	0
	2.3 EDP Equipment and Software (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	2.4 Other Equipment (excl. EDP) (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	2.5 Accreditation and Certification (incl $ 0 for affiliated services)	0	XXX	XXX	XXX	XXX	0	0	0	0	0
	2.6 Other Expenses (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	702,281	702,281
	2.7 Subtotal before Reimbursements and Taxes (Lines 2.1 to 2.6)	0	0	0	0	0	0	0	0	702,281	702,281
	2.8 Reimbursements by uninsured plans and fiscal intermediaries	0	0	0	0	0	0	0	0	0	0
	2.9 Taxes, Licenses and Fees (in total, for tying purposes)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0
	2.10 Total (2.7 to 2.9)	0	0	0	0	0	0	0	0	702,281	702,281
	2.11 Total Fraud and Abuse Detection/Recovery Expenses included in Column 7 (informational only)	0	0	0	0	0	0	0	0	0	0
3.	Large Group Comprehensive Coverage Expenses:										
	3.1 Salaries (including $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	3.2 Outsourced Services	0	0	0	0	0	0	0	0	0	0
	3.3 EDP Equipment and Software (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	3.4 Other Equipment (excl. EDP) (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	3.5 Accreditation and Certification (incl $ 0 for affiliated services)	0	XXX	XXX	XXX	XXX	0	0	0	0	0
	3.6 Other Expenses (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	38,516,193	38,516,193
	3.7 Subtotal before Reimbursements and Taxes (Lines 3.1 to 3.6)	0	0	0	0	0	0	0	0	38,516,193	38,516,193
	3.8 Reimbursements by uninsured plans and fiscal intermediaries	0	0	0	0	0	0	0	0	0	0
	3.9 Taxes, Licenses and Fees (in total, for tying purposes)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0
	3.10 Total (3.7 to 3.9)	0	0	0	0	0	0	0	0	38,516,193	38,516,193
	3.11 Total Fraud and Abuse Detection/Recovery Expenses included in Column 7 (informational only)	0	0	0	0	0	0	0	0	0	0

SUPPLEMENT FOR THE YEAR 2018 OF THE UnitedHealthcare Insurance Company

SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 3 (Continued)

	All Expenses	Improving Health Care Quality Expenses						Claims Adjustment Expenses		9	10
		1 Improve Health Outcomes	2 Activities to Prevent Hospital Readmissions	3 Improve Patient Safety and Reduce Medical Errors	4 Wellness & Health Promotion Activities	5 HIT Expenses	6 Total (1 to 5)	7 Cost Containment Expenses	8 Other Claims Adjustment Expenses	General Administrative Expenses	Total Expenses (6 to 9)
4.	Individual Mini-Med Plans Expenses:										
	4.1 Salaries (including $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	4.2 Outsourced Services	0	0	0	0	0	0	0	0	0	0
	4.3 EDP Equipment and Software (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	4.4 Other Equipment (excl. EDP) (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	4.5 Accreditation and Certification (incl $ 0 for affiliated services)	0	XXX	XXX	XXX	XXX	0	0	0	0	0
	4.6 Other Expenses (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	4.7 Subtotal before Reimbursements and Taxes (Lines 4.1 to 4.6)	0	0	0	0	0	0	0	0	0	0
	4.8 Reimbursements by uninsured plans and fiscal intermediaries	0	0	0	0	0	0	0	0	0	0
	4.9 Taxes, Licenses and Fees (in total, for tying purposes)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0
	4.10 Total (4.7 to 4.9)	0	0	0	0	0	0	0	0	0	0
	4.11 Total Fraud and Abuse Detection/Recovery Expenses included in Column 7 (informational only)	0	0	0	0	0	0	0	0	0	0
5.	Small Group Mini-Med Plans Expenses:										
	5.1 Salaries (including $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	5.2 Outsourced Services	0	0	0	0	0	0	0	0	0	0
	5.3 EDP Equipment and Software (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	5.4 Other Equipment (excl. EDP) (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	5.5 Accreditation and Certification (incl $ 0 for affiliated services)	0	XXX	XXX	XXX	XXX	0	0	0	0	0
	5.6 Other Expenses (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	5.7 Subtotal before Reimbursements and Taxes (Lines 5.1 to 5.6)	0	0	0	0	0	0	0	0	0	0
	5.8 Reimbursements by uninsured plans and fiscal intermediaries	0	0	0	0	0	0	0	0	0	0
	5.9 Taxes, Licenses and Fees (in total, for tying purposes)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0
	5.10 Total (5.7 to 5.9)	0	0	0	0	0	0	0	0	0	0
	5.11 Total Fraud and Abuse Detection/Recovery Expenses included in Column 7 (informational only)	0	0	0	0	0	0	0	0	0	0
6.	Large Group Mini-Med Plans Expenses:										
	6.1 Salaries (including $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	6.2 Outsourced Services	0	0	0	0	0	0	0	0	0	0
	6.3 EDP Equipment and Software (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	6.4 Other Equipment (excl. EDP) (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	6.5 Accreditation and Certification (incl $ 0 for affiliated services)	0	XXX	XXX	XXX	XXX	0	0	0	0	0
	6.6 Other Expenses (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	6.7 Subtotal before Reimbursements and Taxes (Lines 6.1 to 6.6)	0	0	0	0	0	0	0	0	0	0
	6.8 Reimbursements by uninsured plans and fiscal intermediaries	0	0	0	0	0	0	0	0	0	0
	6.9 Taxes, Licenses and Fees (in total, for tying purposes)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0
	6.10 Total (6.7 to 6.9)	0	0	0	0	0	0	0	0	0	0
	6.11 Total Fraud and Abuse Detection/Recovery Expenses included in Column 7 (informational only)	0	0	0	0	0	0	0	0	0	0

SUPPLEMENT FOR THE YEAR 2018 OF THE UnitedHealthcare Insurance Company

SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 3 (Continued)

	All Expenses	Improving Health Care Quality Expenses						Claims Adjustment Expenses		9	10
		1 Improve Health Outcomes	2 Activities to Prevent Hospital Readmissions	3 Improve Patient Safety and Reduce Medical Errors	4 Wellness & Health Promotion Activities	5 HIT Expenses	6 Total (1 to 5)	7 Cost Containment Expenses	8 Other Claims Adjustment Expenses	General Administrative Expenses	Total Expenses (6 to 9)
7.	Small Group Expatriate Plans Expenses:										
	7.1 Salaries (including $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	7.2 Outsourced Services	0	0	0	0	0	0	0	0	0	0
	7.3 EDP Equipment and Software (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	7.4 Other Equipment (excl. EDP) (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	7.5 Accreditation and Certification (incl $ 0 for affiliated services)	0	XXX	XXX	XXX	XXX	0	0	0	0	0
	7.6 Other Expenses (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	7.7 Subtotal before Reimbursements and Taxes (Lines 7.1 to 7.6)	0	0	0	0	0	0	0	0	0	0
	7.8 Reimbursements by uninsured plans and fiscal intermediaries	0	0	0	0	0	0	0	0	0	0
	7.9 Taxes, Licenses and Fees (in total, for tying purposes)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0
	7.10 Total (7.7 to 7.9)	0	0	0	0	0	0	0	0	0	0
	7.11 Total Fraud and Abuse Detection/Recovery Expenses included in Column 7 (informational only)	0	0	0	0	0	0	0	0	0	0
8.	Large Group Expatriate Plans Expenses:										
	8.1 Salaries (including $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	8.2 Outsourced Services	0	0	0	0	0	0	0	0	0	0
	8.3 EDP Equipment and Software (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	8.4 Other Equipment (excl. EDP) (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	8.5 Accreditation and Certification (incl $ 0 for affiliated services)	0	XXX	XXX	XXX	XXX	0	0	0	0	0
	8.6 Other Expenses (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	8.7 Subtotal before Reimbursements and Taxes (Lines 8.1 to 8.6)	0	0	0	0	0	0	0	0	0	0
	8.8 Reimbursements by uninsured plans and fiscal intermediaries	0	0	0	0	0	0	0	0	0	0
	8.9 Taxes, Licenses and Fees (in total, for tying purposes)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0
	8.10 Total (8.7 to 8.9)	0	0	0	0	0	0	0	0	0	0
	8.11 Total Fraud and Abuse Detection/Recovery Expenses included in Column 7 (informational only)	0	0	0	0	0	0	0	0	0	0
9.	Student Health Plans Expenses:										
	9.1 Salaries (including $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	9.2 Outsourced Services	0	0	0	0	0	0	0	0	0	0
	9.3 EDP Equipment and Software (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	9.4 Other Equipment (excl. EDP) (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	9.5 Accreditation and Certification (incl $ 0 for affiliated services)	0	XXX	XXX	XXX	XXX	0	0	0	0	0
	9.6 Other Expenses (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	9.7 Subtotal before Reimbursements and Taxes (Lines 9.1 to 9.6)	0	0	0	0	0	0	0	0	0	0
	9.8 Reimbursements by uninsured plans and fiscal intermediaries	0	0	0	0	0	0	0	0	0	0
	9.9 Taxes, Licenses and Fees (in total, for tying purposes)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0
	9.10 Total (9.7 to 9.9)	0	0	0	0	0	0	0	0	0	0
	9.11 Total Fraud and Abuse Detection/Recovery Expenses included in Column 7 (informational only)	0	0	0	0	0	0	0	0	0	0

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SUPPLEMENT FOR THE YEAR 2018 OF THE UnitedHealthcare Insurance Company

SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 1

(To Be Filed by April 1 - Not for Rebate Purposes - See Cautionary Statement at http://www.naic.org/documents/committees_e_app_blanks_related_shce_cautionary_statement.pdf)

REPORT FOR: 1. CORPORATION UnitedHealthcare Insurance Company 2. 185 Asylum Street Hartford, CT 061033408 (LOCATION)

NAIC Group Code 0707 BUSINESS IN THE STATE OF North Carolina DURING THE YEAR 2018 NAIC Company Code 79413

	Business Subject to MLR								9	10	11	12	13	14	15
	Comprehensive Health Coverage			Mini-Med Plans			Expatriate Plans								
	1 Individual	2 Small Group Employer	3 Large Group Employer	4 Individual	5 Small Group Employer	6 Large Group Employer	7 Small Group	8 Large Group	Student Health Plans	Government Business (excluded by statute)	Other Health Business	Medicare Advantage Part C and Medicare Part D Stand-Alone Subject to ACA	Subtotal (Cols. 1 through 12)	Uninsured Plans	Total 13 + 14
1. Premium:															
1.1 Health premiums earned (From Part 2, Line 1.11)	2,191,476	207,192,540	318,178,593	0	0	0	0	0	0	0	534,691,817	306,969,973	1,369,224,399	XXX	1,369,224,399
1.2 Federal high risk pools	0	0	0	0	0	0	0	0	0	0	0	0	0	XXX	0
1.3 State high risk pools	(959)	(5,566)	(24,933)	0	0	0	0	0	0	0	167,922	0	136,464	XXX	136,464
1.4 Premiums earned including state and federal high risk programs (Lines 1.1 + 1.2 + 1.3)	2,190,517	207,186,974	318,153,660	0	0	0	0	0	0	0	534,859,738	306,969,973	1,369,360,863	XXX	1,369,360,863
1.5 Federal taxes and federal assessments	110,554	6,882,163	9,356,902	0	0	0	0	0	0	0	875,541	13,030,572	30,255,731	0	30,255,731
1.6 State insurance, premium and other taxes (Similar local taxes of $ 141,735)	58,515	3,255,282	4,278,673	0	0	0	0	0	0	0	10,125,333	32,705	17,750,509	0	17,750,509
1.6a Community Benefit Expenditures (informational only)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
1.7 Regulatory authority licenses and fees	2,377	260,654	323,879	0	0	0	0	0	0	0	3,150	0	590,060	0	590,060
1.8 Adjusted Premiums Earned (Lines 1.4 - 1.5 - 1.6 - 1.7)	2,019,072	196,788,875	304,194,206	0	0	0	0	0	0	0	523,855,714	293,906,697	1,320,764,563	XXX	1,320,764,563
1.9 Net Assumed less Ceded reinsurance premiums earned	6,796	372,115	(42,710,124)	0	0	0	0	0	0	0	(956,667)	2,204,722	(41,083,158)	XXX	(41,083,158)
1.10 Other Adjustments due to MLR calculations - Premiums	0	134,803	7,551	0	0	0	0	0	0	0	17,600	2,287,895	2,447,848	XXX	2,447,848
1.11 Risk Revenue	0	0	0	0	0	0	0	0	0	0	0	0	0	XXX	0
1.12 Net adjusted premiums earned after reinsurance (Lines 1.8 + 1.9 + 1.10 + 1.11)	2,025,867	197,295,793	261,491,633	0	0	0	0	0	0	0	522,916,647	298,399,313	1,282,129,253	XXX	1,282,129,253
2. Claims:															
2.1 Incurred claims excluding prescription drugs	1,285,022	135,378,500	233,034,183	0	0	0	0	0	0	0	308,141,023	122,991,740	800,830,468	XXX	800,830,468
2.2 Prescription drugs	324,817	36,837,336	57,158,373	0	0	0	0	0	0	0	161,734,614	224,429,712	480,484,852	XXX	480,484,852
2.3 Pharmaceutical rebates	94,030	11,315,052	17,215,758	0	0	0	0	0	0	0	132,231	121,164,373	149,921,444	XXX	149,921,444
2.4 State stop loss, market stabilization and claim/census based assessments (informational only)	1	310,616	283,696	0	0	0	0	0	0	0	37	0	594,350	XXX	594,350
3. Incurred medical incentive pools and bonuses	30	120,545	28,637	0	0	0	0	0	0	0	0	5,063,722	5,212,934	XXX	5,212,934
4. Deductible Fraud and Abuse Detection/Recovery Expenses (for MLR use only)	1	18,156	19,582	0	0	0	0	0	0	0	0	9,203	46,942	0	46,942
5. 5.0 Total Incurred Claims (Lines 2.1 + 2.2 - 2.3 + 3) (From Part 2, Line 2.15)	1,515,839	161,021,329	273,005,435	0	0	0	0	0	0	0	469,743,406	231,320,801	1,136,606,810	XXX	1,136,606,810
5.1 Net Assumed less Ceded reinsurance claims incurred	0	0	(35,704,286)	0	0	0	0	0	0	0	244,216	0	(35,460,070)	XXX	(35,460,070)
5.2 Other Adjustments due to MLR calculations - Claims	0	1,946,360	(257,133)	0	0	0	0	0	0	0	(32)	0	1,689,195	XXX	1,689,195
5.3 Rebates paid	0	2,982,683	257,133	0	0	0	0	0	0	XXX	XXX	0	3,239,816	XXX	3,239,816
5.4 Estimated rebates unpaid prior year	0	5,365,916	0	0	0	0	0	0	0	XXX	XXX	0	5,365,916	XXX	5,365,916
5.5 Estimated rebates unpaid current year	0	436,873	0	0	0	0	0	0	0	XXX	XXX	0	436,873	XXX	436,873
5.6 Fee for service and co-pay revenue	0	0	0	0	0	0	0	0	0	0	0	0	0	XXX	0
5.7 Net incurred claims after reinsurance (Lines 5.0 + 5.1 + 5.2 + 5.3 - 5.4 + 5.5 - 5.6)	1,515,839	161,021,329	237,301,149	0	0	0	0	0	0	0	469,987,590	231,320,801	1,101,146,708	XXX	1,101,146,708
6. Improving Health Care Quality Expenses Incurred:															
6.1 Improve health outcomes	17,532	1,657,540	2,545,429	0	0	0	0	0	0	0	929,029	1,711,375	6,860,905	0	6,860,905
6.2 Activities to prevent hospital readmissions	0	0	0	0	0	0	0	0	0	0	441,162	352,264	793,426	0	793,426
6.3 Improve patient safety and reduce medical errors	0	0	0	0	0	0	0	0	0	0	376,720	888,125	1,264,845	0	1,264,845
6.4 Wellness and health promotion activities	0	0	0	0	0	0	0	0	0	0	2,276,346	309,774	2,586,120	0	2,586,120
6.5 Health Information Technology expenses related to health improvement	0	0	0	0	0	0	0	0	0	0	257,711	1,153,568	1,411,279	0	1,411,279
6.6 Total of Defined Expenses Incurred for Improving Health Care Quality (Lines 6.1+6.2+6.3+6.4+6.5)	17,532	1,657,540	2,545,429	0	0	0	0	0	0	0	4,280,968	4,415,106	12,916,575	0	12,916,575
7. Preliminary Medical Loss Ratio: MLR ((Lines 4 + 5.0 + 6.6 - Footnote 2.0)/Line 1.8	0.759	0.827	0.906	0.000	0.000	0.000	0.000	0.000	0.000	XXX	XXX	0.802	XXX	XXX	XXX
8. Claims Adjustment Expenses:															
8.1 Cost containment expenses not included in quality of care expenses in Line 6.6	17,294	2,340,872	3,505,937	0	0	0	0	0	0	0	1,482,003	3,138,660	10,484,766	0	10,484,766
8.2 All other claims adjustment expenses	41,792	3,635,266	4,911,299	0	0	0	0	0	0	0	6,987,167	19,004,287	34,579,811	0	34,579,811
8.3 Total claims adjustment expenses (Lines 8.1 + 8.2)	59,086	5,976,138	8,417,237	0	0	0	0	0	0	0	8,469,170	22,142,947	45,064,576	0	45,064,576
9. Claims Adjustment Expense Ratio (Line 8.3/Line 1.8)	0.029	0.030	0.028	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.016	0.075	XXX	XXX	XXX

SUPPLEMENT FOR THE YEAR 2018 OF THE UnitedHealthcare Insurance Company

SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 1 (Continued)

	Business Subject to MLR									10	11	12	13	14	15
	Comprehensive Health Coverage			Mini-Med Plans			Expatriate Plans		9						
	1 Individual	2 Small Group Employer	3 Large Group Employer	4 Individual	5 Small Group Employer	6 Large Group Employer	7 Small Group	8 Large Group	Student Health Plans	Government Business (excluded by statute)	Other Health Business	Medicare Advantage Part C and Medicare Part D Stand-Alone Subject to ACA	Subtotal (Cols. 1 through 12)	Uninsured Plans	Total 13 + 14
10. General and Administrative (G&A) Expenses:															
10.1 Direct sales salaries and benefits	5,588	794,110	1,452,877	0	0	0	0	0	0	0	1,318,548	552,013	4,123,137	0	4,123,137
10.2 Agents and brokers fees and commissions	37,931	5,872,963	997,553	0	0	0	0	0	0	0	18,852,373	3,827,549	29,588,370	0	29,588,370
10.3 Other taxes (excluding taxes on Lines 1.5 through 1.7 and Line 14 below)	(3,472)	103,117	388,335	0	0	0	0	0	0	0	793,262	482,204	1,763,445	0	1,763,445
10.4 Other general and administrative expenses	103,255	10,229,438	8,366,813	0	0	0	0	0	0	0	36,928,909	15,939,416	71,567,831	0	71,567,831
10.4a Community Benefit Expenditures (informational only)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
10.5 Total general and administrative (Lines 10.1 +10.2 + 10.3 + 10.4)	143,303	16,999,627	11,205,578	0	0	0	0	0	0	0	57,893,093	20,801,183	107,042,783	0	107,042,783
11. Underwriting Gain/(Loss) (Lines 1.12 - 5.7 - 6.6 - 8.3 - 10.5)	290,109	11,641,158	2,022,241	0	0	0	0	0	0	0	(17,714,174)	19,719,277	15,958,611	XXX	15,958,611
12. Income from fees of uninsured plans	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0
13. Net investment and other gain/(loss)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	19,067,361	XXX	19,067,361
14. Federal income taxes (excluding taxes on Line 1.5 above)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1,468,421	XXX	1,468,421
15. Net gain or (loss) (Lines 11 + 12 + 13 - 14)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	33,557,552	XXX	33,557,552
16. ICD-10 Implementation Expenses (informational only; already included in general expenses and line 10.4)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
16. 16a ICD-10 Implementation Expenses (informational only; already included in line 10.4)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
OTHER INDICATORS:															
1. Number of certificates/policies	203	61,017	55,082	0	0	0	0	0	0	0	474,008	132,930	723,240	0	723,240
2. Number of Covered Lives	313	94,954	86,487	0	0	0	0	0	0	0	634,821	132,930	949,505	0	949,505
3. Number of Groups	XXX	9,164	1,048	XXX	0	0	0	0	0	0	7,317	3	17,532	0	17,532
4. Member Months	3,759	1,094,647	1,069,483	0	0	0	0	0	0	0	7,707,581	1,616,661	11,492,131	0	11,492,131

Is run off business reported in Columns 1 through 9 or 12? Yes [ ] No [ ] If yes, show the amount of premiums and claims included. Premiums $ 0 Claims $ 0

216-2.NC

AFFORDABLE CARE ACT (ACA) RECEIPTS, PAYMENTS, RECEIVABLES and PAYABLES

	Current Year Comprehensive Health Coverage		Prior Year Comprehensive Health Coverage	
	1 Individual Plans	2 Small Group Employer Plans	3 Individual Plans	4 Small Group Employer Plans
ACA Receivables and Payables				
1. Permanent ACA Risk Adjustment Program 1.0 Premium adjustments receivable/(payable)	38,105	(9,327,629)	15,649	(7,547,812)
2. Transitional ACA Reinsurance Program 2.0 Total amounts recoverable for claims (paid & unpaid)	0	XXX	0	XXX
3. Temporary ACA Risk Corridors Program 3.1 Accrued retrospective premium	0	0	0	0
3.2 Reserve for rate credits or policy experience refunds	0	0	0	0
ACA Receipts and Payments				
4. Permanent ACA Risk Adjustment Program 4.0 Premium adjustments receipts/(payments)	62,862	(8,568,806)	(79,126)	(2,700,563)
5. Transitional ACA Reinsurance Program 5.0 Amounts received for claims	0	XXX	0	XXX
6. Temporary ACA Risk Corridors Program 6.1 Retrospective premium received	0	0	0	0
6.2 Rate credits or policy experience refunds paid	0	0	0	0

SUPPLEMENT FOR THE YEAR 2018 OF THE UnitedHealthcare Insurance Company

SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 2

(To Be Filed by April 1 - Not for Rebate Purposes)

REPORT FOR: 1. CORPORATION UnitedHealthcare Insurance Company 2. 185 Asylum Street Hartford, CT 061033408 (LOCATION)

NAIC Group Code 0707 BUSINESS IN THE STATE OF North Carolina DURING THE YEAR 2018 NAIC Company Code 79413

	Business Subject to MLR												
	Comprehensive Health Coverage			Mini-Med Plans			Expatriate Plans:		9	10	11	12	13
	1	2	3	4	5	6	7	8					
	Individual	Small Group Employer	Large Group Employer	Individual	Small Group Employer	Large Group Employer	Small Group	Large Group	Student Health Plans	Government Business (excluded by statute)	Other Health Business	Medicare Advantage Part C and Medicare Part D Stand-Alone Subject to ACA	Total (a)
1. Health Premiums Earned:													
1.1 Direct premiums written	2,191,476	207,323,925	318,186,065	0	0	0	0	0	0	0	534,741,121	309,257,868	1,371,700,455
1.2 Unearned premium prior year	0	59,128	78	0	0	0	0	0	0	0	43,966	0	103,172
1.3 Unearned premium current year	0	55,710	0	0	0	0	0	0	0	0	75,670	0	131,380
1.4 Change in unearned premium (Lines 1.2 - 1.3)	0	3,418	78	0	0	0	0	0	0	0	(31,704)	0	(28,208)
1.5 Paid rate credits	213,374	2,982,683	(78,456)	0	0	0	0	0	0	0	4,718,095	5,830,149	13,665,844
1.6 Reserve for rate credits current year	0	436,873	0	0	0	0	0	0	0	0	294,837	549,353	1,281,063
1.7 Reserve for rate credits prior year	0	5,365,916	(353,813)	0	0	0	0	0	0	0	361,752	5,893,547	11,267,402
1.8 Change in reserve for rate credits (Lines 1.6 - 1.7)	0	(4,929,043)	353,813	0	0	0	0	0	0	0	(66,915)	(5,344,194)	(9,986,339)
1.9 Premium balances written off	0	134,803	7,551	0	0	0	0	0	0	0	17,600	2,287,895	2,447,848
1.10 Group conversion charge	0	0	0	0	0	0	0	0	0	0	0	0	0
1.11 Total direct premiums earned (Lines 1.1 + 1.4 - 1.9 + 1.10)	2,191,476	207,192,540	318,178,593	0	0	0	0	0	0	0	534,691,817	306,969,973	1,369,224,399
1.12 Assumed premiums earned from non-affiliates	0	0	0	0	0	0	0	0	0	0	0	0	0
1.13 Net Assumed less Ceded premiums earned from affiliates	6,796	372,115	183,520	0	0	0	0	0	0	0	0	2,204,722	2,767,153
1.14 Ceded premiums earned to non-affiliates	0	0	42,893,644	0	0	0	0	0	0	0	956,667	0	43,850,311
1.15 Other Adjustments due to MLR calculation - Premiums	0	134,803	7,551	0	0	0	0	0	0	0	17,600	2,287,895	2,447,848
1.16 Net premiums earned (Lines 1.11 - 1.5 - 1.8 + 1.12 + 1.13 - 1.14 + 1.15)	1,984,898	209,645,818	275,200,663	0	0	0	0	0	0	0	529,101,570	310,976,635	1,326,909,584
2. Direct Claims Incurred:													
2.1 Paid claims during the year	1,380,663	157,014,529	269,209,972	0	0	0	0	0	0	138,944	467,221,040	230,969,654	1,125,934,801
2.2 Direct claim liability current year	56,797	20,199,592	31,494,472	0	0	0	0	0	0	(138,944)	42,161,254	21,825,825	115,598,996
2.3 Direct claim liability prior year	51,630	14,456,313	29,001,214	0	0	0	0	0	0	0	41,032,221	30,404,330	114,945,708
2.4 Direct claim reserves current year	4,185	438,727	648,034	0	0	0	0	0	0	0	12,822,036	26,002	13,938,982
2.5 Direct claim reserves prior year	7,843	297,985	617,906	0	0	0	0	0	0	0	13,315,155	27,084	14,265,973
2.6 Direct contract reserves current year	231,924	0	0	0	0	0	0	0	0	0	556,425	0	788,349
2.7 Direct contract reserves prior year	310,695	0	0	0	0	0	0	0	0	0	3,281,262	0	3,591,957
2.8 Paid rate credits	213,374	2,982,683	(78,456)	0	0	0	0	0	0	0	4,718,095	5,830,149	13,665,844
2.9 Reserve for rate credits current year	0	436,873	0	0	0	0	0	0	0	0	294,837	549,353	1,281,063
2.10 Reserve for rate credits prior year	0	5,365,916	(353,813)	0	0	0	0	0	0	0	361,752	5,893,547	11,267,402
2.11 Incurred medical incentive pools and bonuses (Lines 2.11a + 2.11b - 2.11c)	30	120,545	28,637	0	0	0	0	0	0	0	0	5,063,722	5,212,934
2.11a Paid medical incentive pools and bonuses current year	30	103,034	184,846	0	0	0	0	0	0	0	0	7,694,054	7,981,963
2.11b Accrued medical incentive pools and bonuses current year	0	96,371	404,018	0	0	0	0	0	0	0	0	4,868,540	5,368,929
2.11c Accrued medical incentive pools and bonuses prior year	0	78,859	560,227	0	0	0	0	0	0	0	0	7,498,872	8,137,958
2.12 Net healthcare receivables (Lines 2.12a - 2.12b)	966	51,404	(968,084)	0	0	0	0	0	0	0	39,890	(3,381,056)	(4,256,880)
2.12a Healthcare receivables current year	1,750	4,504,543	6,719,847	0	0	0	0	0	0	0	39,890	42,670,819	53,936,850
2.12b Healthcare receivables prior year	784	4,453,139	7,687,931	0	0	0	0	0	0	0	0	46,051,876	58,193,730
2.13 Group conversion charge	0	0	0	0	0	0	0	0	0	0	0	0	0
2.14 Multi-option coverage blended rate adjustment	0	0	0	0	0	0	0	0	0	0	0	0	0
2.15 Total incurred claims (Lines 2.1 + 2.2 - 2.3 + 2.4 - 2.5 + 2.6 - 2.7 + 2.8 + 2.9 - 2.10 + 2.11 - 2.12 + 2.13 + 2.14)	1,515,839	161,021,329	273,005,435	0	0	0	0	0	0	0	469,743,406	231,320,801	1,136,606,810
2.16 Assumed incurred claims from non-affiliates	0	0	0	0	0	0	0	0	0	0	0	0	0
2.17 Net assumed less ceded incurred claims from affiliates	0	0	0	0	0	0	0	0	0	0	0	0	0
2.18 Ceded incurred claims to non-affiliates	0	0	35,704,286	0	0	0	0	0	0	0	(244,216)	0	35,460,070
2.19 Other adjustments due to MLR calculation - Claims	0	0	0	0	0	0	0	0	0	0	0	0	0
2.20 Net Incurred Claims (Lines 2.15 - 2.8 - 2.9 + 2.10 + 2.16 + 2.17 - 2.18 + 2.19)	1,302,465	162,967,690	237,025,792	0	0	0	0	0	0	0	465,336,442	230,834,846	1,097,467,235
3. Fraud and Abuse Recoveries that Reduced PAID Claims in Line 2.1 above (informational only)	1	18,156	19,582	0	0	0	0	0	0	0	0	9,203	46,942

(a) Column 13, Line 1.1 includes direct written premium of $ 78,280,993 for stand-alone dental and $ 23,079,340 for stand-alone vision policies.

SUPPLEMENT FOR THE YEAR 2018 OF THE UnitedHealthcare Insurance Company

SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 3

(To Be Filed by April 1 - Not for Rebate Purposes)

REPORT FOR: 1. CORPORATION UnitedHealthcare Insurance Company 2. 185 Asylum Street Hartford, CT 061033408 (LOCATION)

NAIC Group Code 0707 BUSINESS IN THE STATE OF North Carolina DURING THE YEAR 2018 NAIC Company Code 79413

	All Expenses	Improving Health Care Quality Expenses						Claims Adjustment Expenses		9	10
		1 Improve Health Outcomes	2 Activities to Prevent Hospital Readmissions	3 Improve Patient Safety and Reduce Medical Errors	4 Wellness & Health Promotion Activities	5 HIT Expenses	6 Total (1 to 5)	7 Cost Containment Expenses	8 Other Claims Adjustment Expenses	General Administrative Expenses	Total Expenses (6 to 9)
1.	Individual Comprehensive Coverage Expenses:										
	1.1 Salaries (including $ 56,184 for affiliated services)	0	0	0	0	0	0	4,865	14,280	37,039	56,184
	1.2 Outsourced Services	0	0	0	0	0	0	577	1,214	3,236	5,027
	1.3 EDP Equipment and Software (incl $ 3,330 for affiliated services)	0	0	0	0	0	0	406	875	2,049	3,330
	1.4 Other Equipment (excl. EDP) (incl $ 320 for affiliated services)	0	0	0	0	0	0	39	84	179	302
	1.5 Accreditation and Certification (incl $ 35 for affiliated services)	0	XXX	XXX	XXX	XXX	0	4	9	21	35
	1.6 Other Expenses (incl $ 98,707 for affiliated services)	17,532	0	0	0	0	17,532	10,881	24,775	103,855	157,043
	1.7 Subtotal before Reimbursements and Taxes (Lines 1.1 to 1.6)	17,532	0	0	0	0	17,532	16,773	41,237	146,379	221,921
	1.8 Reimbursements by uninsured plans and fiscal intermediaries	0	0	0	0	0	0	0	0	0	0
	1.9 Taxes, Licenses and Fees (in total, for tying purposes)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	58,890	58,890
	1.10 Total (1.7 to 1.9)	17,532	0	0	0	0	17,532	16,773	41,237	205,270	280,812
	1.11 Total Fraud and Abuse Detection/Recovery Expenses included in Column 7 (informational only)	0	0	0	0	0	0	4,495	0	0	4,495
2.	Small Group Comprehensive Coverage Expenses:										
	2.1 Salaries (including $ 5,216,439 for affiliated services)	0	0	0	0	0	0	623,800	1,032,806	3,559,833	5,216,439
	2.2 Outsourced Services	0	0	0	0	0	0	148,291	118,347	372,364	639,002
	2.3 EDP Equipment and Software (incl $ 371,670 for affiliated services)	0	0	0	0	0	0	52,090	86,244	233,335	371,670
	2.4 Other Equipment (excl. EDP) (incl $ 35,676 for affiliated services)	0	0	0	0	0	0	5,000	8,278	22,397	35,676
	2.5 Accreditation and Certification (incl $ 3,874 for affiliated services)	0	XXX	XXX	XXX	XXX	0	543	899	2,432	3,874
	2.6 Other Expenses (incl $ 11,639,952 for affiliated services)	1,657,540	0	0	0	0	1,657,540	1,437,156	2,309,939	12,649,992	18,054,627
	2.7 Subtotal before Reimbursements and Taxes (Lines 2.1 to 2.6)	1,657,540	0	0	0	0	1,657,540	2,266,880	3,556,513	16,840,354	24,321,286
	2.8 Reimbursements by uninsured plans and fiscal intermediaries	0	0	0	0	0	0	0	0	0	0
	2.9 Taxes, Licenses and Fees (in total, for tying purposes)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	3,827,955	3,827,955
	2.10 Total (2.7 to 2.9)	1,657,540	0	0	0	0	1,657,540	2,266,880	3,556,513	20,668,309	28,149,242
	2.11 Total Fraud and Abuse Detection/Recovery Expenses included in Column 7 (informational only)	0	0	0	0	0	0	638,818	0	0	638,818
3.	Large Group Comprehensive Coverage Expenses:										
	3.1 Salaries (including $ 6,971,093 for affiliated services)	0	0	0	0	0	0	931,734	1,397,505	4,641,854	6,971,093
	3.2 Outsourced Services	0	0	0	0	0	0	232,971	160,157	438,974	832,102
	3.3 EDP Equipment and Software (incl $ 465,160 for affiliated services)	0	0	0	0	0	0	77,804	116,698	270,657	465,160
	3.4 Other Equipment (excl. EDP) (incl $ 44,650 for affiliated services)	0	0	0	0	0	0	7,468	11,202	25,980	44,650
	3.5 Accreditation and Certification (incl $ 4,848 for affiliated services)	0	XXX	XXX	XXX	XXX	0	811	1,216	2,821	4,848
	3.6 Other Expenses (incl $ 15,321,448 for affiliated services)	2,545,429	0	0	0	0	2,545,429	2,143,895	3,125,612	5,340,885	13,155,821
	3.7 Subtotal before Reimbursements and Taxes (Lines 3.1 to 3.6)	2,545,429	0	0	0	0	2,545,429	3,394,683	4,812,390	10,721,171	21,473,673
	3.8 Reimbursements by uninsured plans and fiscal intermediaries	0	0	0	0	0	0	0	0	0	0
	3.9 Taxes, Licenses and Fees (in total, for tying purposes)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	5,297,122	5,297,122
	3.10 Total (3.7 to 3.9)	2,545,429	0	0	0	0	2,545,429	3,394,683	4,812,390	16,018,293	26,770,795
	3.11 Total Fraud and Abuse Detection/Recovery Expenses included in Column 7 (informational only)	0	0	0	0	0	0	1,018,173	0	0	1,018,173

SUPPLEMENT FOR THE YEAR 2018 OF THE UnitedHealthcare Insurance Company

SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 3 (Continued)

	All Expenses	Improving Health Care Quality Expenses						Claims Adjustment Expenses		9	10
		1 Improve Health Outcomes	2 Activities to Prevent Hospital Readmissions	3 Improve Patient Safety and Reduce Medical Errors	4 Wellness & Health Promotion Activities	5 HIT Expenses	6 Total (1 to 5)	7 Cost Containment Expenses	8 Other Claims Adjustment Expenses	General Administrative Expenses	Total Expenses (6 to 9)
4.	Individual Mini-Med Plans Expenses:										
	4.1 Salaries (including $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	4.2 Outsourced Services	0	0	0	0	0	0	0	0	0	0
	4.3 EDP Equipment and Software (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	4.4 Other Equipment (excl. EDP) (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	4.5 Accreditation and Certification (incl $ 0 for affiliated services)	0	XXX	XXX	XXX	XXX	0	0	0	0	0
	4.6 Other Expenses (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	4.7 Subtotal before Reimbursements and Taxes (Lines 4.1 to 4.6)	0	0	0	0	0	0	0	0	0	0
	4.8 Reimbursements by uninsured plans and fiscal intermediaries	0	0	0	0	0	0	0	0	0	0
	4.9 Taxes, Licenses and Fees (in total, for tying purposes)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0
	4.10 Total (4.7 to 4.9)	0	0	0	0	0	0	0	0	0	0
	4.11 Total Fraud and Abuse Detection/Recovery Expenses included in Column 7 (informational only)	0	0	0	0	0	0	0	0	0	0
5.	Small Group Mini-Med Plans Expenses:										
	5.1 Salaries (including $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	5.2 Outsourced Services	0	0	0	0	0	0	0	0	0	0
	5.3 EDP Equipment and Software (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	5.4 Other Equipment (excl. EDP) (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	5.5 Accreditation and Certification (incl $ 0 for affiliated services)	0	XXX	XXX	XXX	XXX	0	0	0	0	0
	5.6 Other Expenses (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	5.7 Subtotal before Reimbursements and Taxes (Lines 5.1 to 5.6)	0	0	0	0	0	0	0	0	0	0
	5.8 Reimbursements by uninsured plans and fiscal intermediaries	0	0	0	0	0	0	0	0	0	0
	5.9 Taxes, Licenses and Fees (in total, for tying purposes)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0
	5.10 Total (5.7 to 5.9)	0	0	0	0	0	0	0	0	0	0
	5.11 Total Fraud and Abuse Detection/Recovery Expenses included in Column 7 (informational only)	0	0	0	0	0	0	0	0	0	0
6.	Large Group Mini-Med Plans Expenses:										
	6.1 Salaries (including $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	6.2 Outsourced Services	0	0	0	0	0	0	0	0	0	0
	6.3 EDP Equipment and Software (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	6.4 Other Equipment (excl. EDP) (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	6.5 Accreditation and Certification (incl $ 0 for affiliated services)	0	XXX	XXX	XXX	XXX	0	0	0	0	0
	6.6 Other Expenses (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	6.7 Subtotal before Reimbursements and Taxes (Lines 6.1 to 6.6)	0	0	0	0	0	0	0	0	0	0
	6.8 Reimbursements by uninsured plans and fiscal intermediaries	0	0	0	0	0	0	0	0	0	0
	6.9 Taxes, Licenses and Fees (in total, for tying purposes)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0
	6.10 Total (6.7 to 6.9)	0	0	0	0	0	0	0	0	0	0
	6.11 Total Fraud and Abuse Detection/Recovery Expenses included in Column 7 (informational only)	0	0	0	0	0	0	0	0	0	0

SUPPLEMENT FOR THE YEAR 2018 OF THE UnitedHealthcare Insurance Company

SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 3 (Continued)

	All Expenses	Improving Health Care Quality Expenses						Claims Adjustment Expenses		9	10
		1 Improve Health Outcomes	2 Activities to Prevent Hospital Readmissions	3 Improve Patient Safety and Reduce Medical Errors	4 Wellness & Health Promotion Activities	5 HIT Expenses	6 Total (1 to 5)	7 Cost Containment Expenses	8 Other Claims Adjustment Expenses	General Administrative Expenses	Total Expenses (6 to 9)
7.	Small Group Expatriate Plans Expenses:										
	7.1 Salaries (including $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	7.2 Outsourced Services	0	0	0	0	0	0	0	0	0	0
	7.3 EDP Equipment and Software (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	7.4 Other Equipment (excl. EDP) (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	7.5 Accreditation and Certification (incl $ 0 for affiliated services)	0	XXX	XXX	XXX	XXX	0	0	0	0	0
	7.6 Other Expenses (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	7.7 Subtotal before Reimbursements and Taxes (Lines 7.1 to 7.6)	0	0	0	0	0	0	0	0	0	0
	7.8 Reimbursements by uninsured plans and fiscal intermediaries	0	0	0	0	0	0	0	0	0	0
	7.9 Taxes, Licenses and Fees (in total, for tying purposes)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0
	7.10 Total (7.7 to 7.9)	0	0	0	0	0	0	0	0	0	0
	7.11 Total Fraud and Abuse Detection/Recovery Expenses included in Column 7 (informational only)	0	0	0	0	0	0	0	0	0	0
8.	Large Group Expatriate Plans Expenses:										
	8.1 Salaries (including $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	8.2 Outsourced Services	0	0	0	0	0	0	0	0	0	0
	8.3 EDP Equipment and Software (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	8.4 Other Equipment (excl. EDP) (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	8.5 Accreditation and Certification (incl $ 0 for affiliated services)	0	XXX	XXX	XXX	XXX	0	0	0	0	0
	8.6 Other Expenses (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	8.7 Subtotal before Reimbursements and Taxes (Lines 8.1 to 8.6)	0	0	0	0	0	0	0	0	0	0
	8.8 Reimbursements by uninsured plans and fiscal intermediaries	0	0	0	0	0	0	0	0	0	0
	8.9 Taxes, Licenses and Fees (in total, for tying purposes)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0
	8.10 Total (8.7 to 8.9)	0	0	0	0	0	0	0	0	0	0
	8.11 Total Fraud and Abuse Detection/Recovery Expenses included in Column 7 (informational only)	0	0	0	0	0	0	0	0	0	0
9.	Student Health Plans Expenses:										
	9.1 Salaries (including $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	9.2 Outsourced Services	0	0	0	0	0	0	0	0	0	0
	9.3 EDP Equipment and Software (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	9.4 Other Equipment (excl. EDP) (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	9.5 Accreditation and Certification (incl $ 0 for affiliated services)	0	XXX	XXX	XXX	XXX	0	0	0	0	0
	9.6 Other Expenses (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	9.7 Subtotal before Reimbursements and Taxes (Lines 9.1 to 9.6)	0	0	0	0	0	0	0	0	0	0
	9.8 Reimbursements by uninsured plans and fiscal intermediaries	0	0	0	0	0	0	0	0	0	0
	9.9 Taxes, Licenses and Fees (in total, for tying purposes)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0
	9.10 Total (9.7 to 9.9)	0	0	0	0	0	0	0	0	0	0
	9.11 Total Fraud and Abuse Detection/Recovery Expenses included in Column 7 (informational only)	0	0	0	0	0	0	0	0	0	0

SUPPLEMENT FOR THE YEAR 2018 OF THE UnitedHealthcare Insurance Company

SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 1

(To Be Filed by April 1 - Not for Rebate Purposes - See Cautionary Statement at http://www.naic.org/documents/committees_e_app_blanks_related_shce_cautionary_statement.pdf)

REPORT FOR: 1. CORPORATION UnitedHealthcare Insurance Company 2. 185 Asylum Street Hartford, CT 061033408 (LOCATION)

NAIC Group Code 0707 BUSINESS IN THE STATE OF North Dakota DURING THE YEAR 2018 NAIC Company Code 79413

	Business Subject to MLR								9	10	11	12	13	14	15
	Comprehensive Health Coverage			Mini-Med Plans			Expatriate Plans								
	1 Individual	2 Small Group Employer	3 Large Group Employer	4 Individual	5 Small Group Employer	6 Large Group Employer	7 Small Group	8 Large Group	Student Health Plans	Government Business (excluded by statute)	Other Health Business	Medicare Advantage Part C and Medicare Part D Stand-Alone Subject to ACA	Subtotal (Cols. 1 through 12)	Uninsured Plans	Total 13 + 14
1. Premium:															
1.1 Health premiums earned (From Part 2, Line 1.11)	0	0	33,889	0	0	0	0	0	0	0	5,190,855	3,002,921	8,227,665	XXX	8,227,665
1.2 Federal high risk pools	0	0	0	0	0	0	0	0	0	0	0	0	0	XXX	0
1.3 State high risk pools	0	0	(4,742)	0	0	0	0	0	0	0	2,918	0	(1,824)	XXX	(1,824)
1.4 Premiums earned including state and federal high risk programs (Lines 1.1 + 1.2 + 1.3)	0	0	29,147	0	0	0	0	0	0	0	5,193,773	3,002,921	8,225,841	XXX	8,225,841
1.5 Federal taxes and federal assessments	154	215	3,598	0	0	0	0	0	0	0	27,292	39,245	70,503	0	70,503
1.6 State insurance, premium and other taxes (Similar local taxes of $ 949)	0	0	359	0	0	0	0	0	0	0	86,685	433	87,477	0	87,477
1.6a Community Benefit Expenditures (informational only)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
1.7 Regulatory authority licenses and fees	0	0	0	0	0	0	0	0	0	0	(757)	0	(757)	0	(757)
1.8 Adjusted Premiums Earned (Lines 1.4 - 1.5 - 1.6 - 1.7)	(154)	(215)	25,191	0	0	0	0	0	0	0	5,080,554	2,963,243	8,068,619	XXX	8,068,619
1.9 Net Assumed less Ceded reinsurance premiums earned	0	0	(6,778)	0	0	0	0	0	0	0	(1,773)	0	(8,551)	XXX	(8,551)
1.10 Other Adjustments due to MLR calculations - Premiums	0	0	0	0	0	0	0	0	0	0	22	24,698	24,720	XXX	24,720
1.11 Risk Revenue	0	0	0	0	0	0	0	0	0	0	0	0	0	XXX	0
1.12 Net adjusted premiums earned after reinsurance (Lines 1.8 + 1.9 + 1.10 + 1.11)	(154)	(215)	18,413	0	0	0	0	0	0	0	5,078,803	2,987,941	8,084,788	XXX	8,084,788
2. Claims:															
2.1 Incurred claims excluding prescription drugs	50	0	1,117	0	0	0	0	0	0	0	4,076,269	(47,533)	4,029,903	XXX	4,029,903
2.2 Prescription drugs	0	0	0	0	0	0	0	0	0	0	30,681	6,460,868	6,491,549	XXX	6,491,549
2.3 Pharmaceutical rebates	0	0	55	0	0	0	0	0	0	0	3,656	3,794,021	3,797,732	XXX	3,797,732
2.4 State stop loss, market stabilization and claim/census based assessments (informational only)	0	0	0	0	0	0	0	0	0	0	0	0	0	XXX	0
3. Incurred medical incentive pools and bonuses	0	0	0	0	0	0	0	0	0	0	0	0	0	XXX	0
4. Deductible Fraud and Abuse Detection/Recovery Expenses (for MLR use only)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
5. 5.0 Total Incurred Claims (Lines 2.1 + 2.2 - 2.3 + 3) (From Part 2, Line 2.15)	50	0	1,062	0	0	0	0	0	0	0	4,103,294	2,619,314	6,723,720	XXX	6,723,720
5.1 Net Assumed less Ceded reinsurance claims incurred	0	0	(363)	0	0	0	0	0	0	0	70	0	(293)	XXX	(293)
5.2 Other Adjustments due to MLR calculations - Claims	0	0	0	0	0	0	0	0	0	0	0	0	0	XXX	0
5.3 Rebates paid	0	0	0	0	0	0	0	0	0	XXX	XXX	0	0	XXX	0
5.4 Estimated rebates unpaid prior year	0	0	0	0	0	0	0	0	0	XXX	XXX	0	0	XXX	0
5.5 Estimated rebates unpaid current year	0	0	0	0	0	0	0	0	0	XXX	XXX	0	0	XXX	0
5.6 Fee for service and co-pay revenue	0	0	0	0	0	0	0	0	0	0	0	0	0	XXX	0
5.7 Net incurred claims after reinsurance (Lines 5.0 + 5.1 + 5.2 + 5.3 - 5.4 + 5.5 - 5.6)	50	0	700	0	0	0	0	0	0	0	4,103,364	2,619,314	6,723,428	XXX	6,723,428
6. Improving Health Care Quality Expenses Incurred:															
6.1 Improve health outcomes	0	0	271	0	0	0	0	0	0	0	8,646	1,696	10,613	0	10,613
6.2 Activities to prevent hospital readmissions	0	0	0	0	0	0	0	0	0	0	101	1,255	1,356	0	1,356
6.3 Improve patient safety and reduce medical errors	0	0	0	0	0	0	0	0	0	0	199	668	867	0	867
6.4 Wellness and health promotion activities	0	0	0	0	0	0	0	0	0	0	38,352	(2,834)	35,518	0	35,518
6.5 Health Information Technology expenses related to health improvement	0	0	0	0	0	0	0	0	0	0	1,866	2,562	4,428	0	4,428
6.6 Total of Defined Expenses Incurred for Improving Health Care Quality (Lines 6.1+6.2+6.3+6.4+6.5)	0	0	271	0	0	0	0	0	0	0	49,164	3,347	52,782	0	52,782
7. Preliminary Medical Loss Ratio: MLR ((Lines 4 + 5.0 + 6.6 - Footnote 2.0)/Line 1.8	(0.325)	0.000	0.053	0.000	0.000	0.000	0.000	0.000	0.000	XXX	XXX	0.885	XXX	XXX	XXX
8. Claims Adjustment Expenses:															
8.1 Cost containment expenses not included in quality of care expenses in Line 6.6	0	0	241	0	0	0	0	0	0	0	3,929	(16,241)	(12,071)	0	(12,071)
8.2 All other claims adjustment expenses	0	0	225	0	0	0	0	0	0	0	82,687	33,178	116,090	0	116,090
8.3 Total claims adjustment expenses (Lines 8.1 + 8.2)	0	0	466	0	0	0	0	0	0	0	86,616	16,937	104,019	0	104,019
9. Claims Adjustment Expense Ratio (Line 8.3/Line 1.8)	0.003	0.000	0.018	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.017	0.006	XXX	XXX	XXX

SUPPLEMENT FOR THE YEAR 2018 OF THE UnitedHealthcare Insurance Company

SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 1 (Continued)

	Business Subject to MLR									10	11	12	13	14	15
	Comprehensive Health Coverage			Mini-Med Plans			Expatriate Plans		9						
	1 Individual	2 Small Group Employer	3 Large Group Employer	4 Individual	5 Small Group Employer	6 Large Group Employer	7 Small Group	8 Large Group	Student Health Plans	Government Business (excluded by statute)	Other Health Business	Medicare Advantage Part C and Medicare Part D Stand-Alone Subject to ACA	Subtotal (Cols. 1 through 12)	Uninsured Plans	Total 13 + 14
10. General and Administrative (G&A) Expenses:															
10.1 Direct sales salaries and benefits	0	0	112	0	0	0	0	0	0	0	8,768	7,104	15,984	0	15,984
10.2 Agents and brokers fees and commissions	0	0	1,687	0	0	0	0	0	0	0	194,500	2,799	198,987	0	198,987
10.3 Other taxes (excluding taxes on Lines 1.5 through 1.7 and Line 14 below)	(822)	(1,077)	10	0	0	0	0	0	0	0	9,063	7,246	14,420	0	14,420
10.4 Other general and administrative expenses	0	0	751	0	0	0	0	0	0	0	536,553	201,133	738,437	0	738,437
10.4a Community Benefit Expenditures (informational only)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
10.5 Total general and administrative (Lines 10.1 +10.2 + 10.3 + 10.4)	(822)	(1,077)	2,559	0	0	0	0	0	0	0	748,885	218,283	967,828	0	967,828
11. Underwriting Gain/(Loss) (Lines 1.12 - 5.7 - 6.6 - 8.3 - 10.5)	618	862	14,417	0	0	0	0	0	0	0	90,774	130,060	236,732	XXX	236,732
12. Income from fees of uninsured plans	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0
13. Net investment and other gain/(loss)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	95,011	XXX	95,011
14. Federal income taxes (excluding taxes on Line 1.5 above)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	5,526	XXX	5,526
15. Net gain or (loss) (Lines 11 + 12 + 13 - 14)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	326,216	XXX	326,216
16. ICD-10 Implementation Expenses (informational only; already included in general expenses and line 10.4)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
16. 16a ICD-10 Implementation Expenses (informational only; already included in line 10.4)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
OTHER INDICATORS:															
1. Number of certificates/policies	0	0	25	0	0	0	0	0	0	0	3,224	3,077	6,326	0	6,326
2. Number of Covered Lives	0	0	51	0	0	0	0	0	0	0	3,766	3,077	6,894	0	6,894
3. Number of Groups	XXX	0	1	XXX	0	0	0	0	0	0	54	0	55	0	55
4. Member Months	0	0	51	0	0	0	0	0	0	0	41,605	37,743	79,399	0	79,399

Is run off business reported in Columns 1 through 9 or 12? Yes [ ] No [ ] If yes, show the amount of premiums and claims included. Premiums $ 0 Claims $ 0

216-2.ND

AFFORDABLE CARE ACT (ACA) RECEIPTS, PAYMENTS, RECEIVABLES and PAYABLES

	Current Year Comprehensive Health Coverage		Prior Year Comprehensive Health Coverage	
	1 Individual Plans	2 Small Group Employer Plans	3 Individual Plans	4 Small Group Employer Plans
ACA Receivables and Payables				
1. Permanent ACA Risk Adjustment Program 1.0 Premium adjustments receivable/(payable)	0	0	0	0
2. Transitional ACA Reinsurance Program 2.0 Total amounts recoverable for claims (paid & unpaid)	0	XXX	0	XXX
3. Temporary ACA Risk Corridors Program 3.1 Accrued retrospective premium	0	0	0	0
3.2 Reserve for rate credits or policy experience refunds	0	0	0	0
ACA Receipts and Payments				
4. Permanent ACA Risk Adjustment Program 4.0 Premium adjustments receipts/(payments)	0	0	0	0
5. Transitional ACA Reinsurance Program 5.0 Amounts received for claims	0	XXX	0	XXX
6. Temporary ACA Risk Corridors Program 6.1 Retrospective premium received	0	0	0	0
6.2 Rate credits or policy experience refunds paid	0	0	0	0

SUPPLEMENT FOR THE YEAR 2018 OF THE UnitedHealthcare Insurance Company

SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 2

(To Be Filed by April 1 - Not for Rebate Purposes)

REPORT FOR: 1. CORPORATION UnitedHealthcare Insurance Company 2. 185 Asylum Street Hartford, CT 061033408 (LOCATION)

NAIC Group Code 0707 BUSINESS IN THE STATE OF North Dakota DURING THE YEAR 2018 NAIC Company Code 79413

	Business Subject to MLR									10	11	12	13
	Comprehensive Health Coverage			Mini-Med Plans			Expatriate Plans:		9				
	1 Individual	2 Small Group Employer	3 Large Group Employer	4 Individual	5 Small Group Employer	6 Large Group Employer	7 Small Group	8 Large Group	Student Health Plans	Government Business (excluded by statute)	Other Health Business	Medicare Advantage Part C and Medicare Part D Stand-Alone Subject to ACA	Total (a)
1. Health Premiums Earned:													
1.1 Direct premiums written	0	0	33,889	0	0	0	0	0	0	0	5,190,877	3,027,619	8,252,385
1.2 Unearned premium prior year	0	0	0	0	0	0	0	0	0	0	0	0	0
1.3 Unearned premium current year	0	0	0	0	0	0	0	0	0	0	0	0	0
1.4 Change in unearned premium (Lines 1.2 - 1.3)	0	0	0	0	0	0	0	0	0	0	0	0	0
1.5 Paid rate credits	50	0	(50)	0	0	0	0	0	0	0	(39,692)	0	(39,692)
1.6 Reserve for rate credits current year	0	0	0	0	0	0	0	0	0	0	0	234,962	234,962
1.7 Reserve for rate credits prior year	0	0	0	0	0	0	0	0	0	0	0	281,587	281,587
1.8 Change in reserve for rate credits (Lines 1.6 - 1.7)	0	0	0	0	0	0	0	0	0	0	0	(46,625)	(46,625)
1.9 Premium balances written off	0	0	0	0	0	0	0	0	0	0	22	24,698	24,720
1.10 Group conversion charge	0	0	0	0	0	0	0	0	0	0	0	0	0
1.11 Total direct premiums earned (Lines 1.1 + 1.4 - 1.9 + 1.10)	0	0	33,889	0	0	0	0	0	0	0	5,190,855	3,002,921	8,227,665
1.12 Assumed premiums earned from non-affiliates	0	0	0	0	0	0	0	0	0	0	0	0	0
1.13 Net Assumed less Ceded premiums earned from affiliates	0	0	0	0	0	0	0	0	0	0	0	0	0
1.14 Ceded premiums earned to non-affiliates	0	0	6,778	0	0	0	0	0	0	0	1,773	0	8,551
1.15 Other Adjustments due to MLR calculation - Premiums	0	0	0	0	0	0	0	0	0	0	22	24,698	24,720
1.16 Net premiums earned (Lines 1.11 - 1.5 - 1.8 + 1.12 + 1.13 - 1.14 + 1.15)	(50)	0	27,161	0	0	0	0	0	0	0	5,228,795	3,074,244	8,330,151
2. Direct Claims Incurred:													
2.1 Paid claims during the year	(2)	0	2,020	0	0	0	0	0	0	0	4,045,388	1,642,469	5,689,875
2.2 Direct claim liability current year	2	0	(853)	0	0	0	0	0	0	0	692,321	247,912	939,382
2.3 Direct claim liability prior year	0	0	0	0	0	0	0	0	0	0	596,738	190,267	787,006
2.4 Direct claim reserves current year	0	0	1	0	0	0	0	0	0	0	135,765	0	135,766
2.5 Direct claim reserves prior year	0	0	0	0	0	0	0	0	0	0	132,446	0	132,446
2.6 Direct contract reserves current year	0	0	0	0	0	0	0	0	0	0	85	0	85
2.7 Direct contract reserves prior year	0	0	0	0	0	0	0	0	0	0	259	0	259
2.8 Paid rate credits	50	0	(50)	0	0	0	0	0	0	0	(39,692)	0	(39,692)
2.9 Reserve for rate credits current year	0	0	0	0	0	0	0	0	0	0	0	234,962	234,962
2.10 Reserve for rate credits prior year	0	0	0	0	0	0	0	0	0	0	0	281,587	281,587
2.11 Incurred medical incentive pools and bonuses (Lines 2.11a + 2.11b - 2.11c)	0	0	0	0	0	0	0	0	0	0	0	0	0
2.11a Paid medical incentive pools and bonuses current year	0	0	0	0	0	0	0	0	0	0	0	0	0
2.11b Accrued medical incentive pools and bonuses current year	0	0	0	0	0	0	0	0	0	0	0	0	0
2.11c Accrued medical incentive pools and bonuses prior year	0	0	0	0	0	0	0	0	0	0	0	0	0
2.12 Net healthcare receivables (Lines 2.12a - 2.12b)	0	0	55	0	0	0	0	0	0	0	1,130	(965,825)	(964,640)
2.12a Healthcare receivables current year	0	0	55	0	0	0	0	0	0	0	1,130	674,344	675,529
2.12b Healthcare receivables prior year	0	0	0	0	0	0	0	0	0	0	0	1,640,168	1,640,168
2.13 Group conversion charge	0	0	0	0	0	0	0	0	0	0	0	0	0
2.14 Multi-option coverage blended rate adjustment	0	0	0	0	0	0	0	0	0	0	0	0	0
2.15 Total incurred claims (Lines 2.1 + 2.2 - 2.3 + 2.4 - 2.5 + 2.6 - 2.7 + 2.8 + 2.9 - 2.10 + 2.11 - 2.12 + 2.13 + 2.14)	50	0	1,062	0	0	0	0	0	0	0	4,103,294	2,619,314	6,723,720
2.16 Assumed incurred claims from non-affiliates	0	0	0	0	0	0	0	0	0	0	0	0	0
2.17 Net assumed less ceded incurred claims from affiliates	0	0	0	0	0	0	0	0	0	0	0	0	0
2.18 Ceded incurred claims to non-affiliates	0	0	363	0	0	0	0	0	0	0	(70)	0	293
2.19 Other adjustments due to MLR calculation - Claims	0	0	0	0	0	0	0	0	0	0	0	0	0
2.20 Net Incurred Claims (Lines 2.15 - 2.8 - 2.9 + 2.10 + 2.16 + 2.17 - 2.18 + 2.19)	0	0	750	0	0	0	0	0	0	0	4,143,056	2,665,939	6,809,744
3. Fraud and Abuse Recoveries that Reduced PAID Claims in Line 2.1 above (informational only)	0	0	0	0	0	0	0	0	0	0	0	0	0

(a) Column 13, Line 1.1 includes direct written premium of $ 196,492 for stand-alone dental and $ 25,201 for stand-alone vision policies.

SUPPLEMENT FOR THE YEAR 2018 OF THE UnitedHealthcare Insurance Company

SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 3

(To Be Filed by April 1 - Not for Rebate Purposes)

REPORT FOR: 1. CORPORATION UnitedHealthcare Insurance Company 2. 185 Asylum Street Hartford, CT 061033408 (LOCATION)

NAIC Group Code 0707 BUSINESS IN THE STATE OF North Dakota DURING THE YEAR 2018 NAIC Company Code 79413

	All Expenses	Improving Health Care Quality Expenses						Claims Adjustment Expenses		9	10
		1 Improve Health Outcomes	2 Activities to Prevent Hospital Readmissions	3 Improve Patient Safety and Reduce Medical Errors	4 Wellness & Health Promotion Activities	5 HIT Expenses	6 Total (1 to 5)	7 Cost Containment Expenses	8 Other Claims Adjustment Expenses	General Administrative Expenses	Total Expenses (6 to 9)
1.	Individual Comprehensive Coverage Expenses:										
	1.1 Salaries (including $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	1.2 Outsourced Services	0	0	0	0	0	0	0	0	0	0
	1.3 EDP Equipment and Software (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	1.4 Other Equipment (excl. EDP) (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	1.5 Accreditation and Certification (incl $ 0 for affiliated services)	0	XXX	XXX	XXX	XXX	0	0	0	0	0
	1.6 Other Expenses (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	1.7 Subtotal before Reimbursements and Taxes (Lines 1.1 to 1.6)	0	0	0	0	0	0	0	0	0	0
	1.8 Reimbursements by uninsured plans and fiscal intermediaries	0	0	0	0	0	0	0	0	0	0
	1.9 Taxes, Licenses and Fees (in total, for tying purposes)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	(822)	(822)
	1.10 Total (1.7 to 1.9)	0	0	0	0	0	0	0	0	(822)	(822)
	1.11 Total Fraud and Abuse Detection/Recovery Expenses included in Column 7 (informational only)	0	0	0	0	0	0	0	0	0	0
2.	Small Group Comprehensive Coverage Expenses:										
	2.1 Salaries (including $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	2.2 Outsourced Services	0	0	0	0	0	0	0	0	0	0
	2.3 EDP Equipment and Software (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	2.4 Other Equipment (excl. EDP) (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	2.5 Accreditation and Certification (incl $ 0 for affiliated services)	0	XXX	XXX	XXX	XXX	0	0	0	0	0
	2.6 Other Expenses (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	2.7 Subtotal before Reimbursements and Taxes (Lines 2.1 to 2.6)	0	0	0	0	0	0	0	0	0	0
	2.8 Reimbursements by uninsured plans and fiscal intermediaries	0	0	0	0	0	0	0	0	0	0
	2.9 Taxes, Licenses and Fees (in total, for tying purposes)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	(1,077)	(1,077)
	2.10 Total (2.7 to 2.9)	0	0	0	0	0	0	0	0	(1,077)	(1,077)
	2.11 Total Fraud and Abuse Detection/Recovery Expenses included in Column 7 (informational only)	0	0	0	0	0	0	0	0	0	0
3.	Large Group Comprehensive Coverage Expenses:										
	3.1 Salaries (including $ 662 for affiliated services)	0	0	0	0	0	0	67	63	532	662
	3.2 Outsourced Services	0	0	0	0	0	0	8	7	49	64
	3.3 EDP Equipment and Software (incl $ 46 for affiliated services)	0	0	0	0	0	0	6	5	35	46
	3.4 Other Equipment (excl. EDP) (incl $ 4 for affiliated services)	0	0	0	0	0	0	1	1	3	4
	3.5 Accreditation and Certification (incl $ 0 for affiliated services)	0	XXX	XXX	XXX	XXX	0	0	0	0	0
	3.6 Other Expenses (incl $ 1,451 for affiliated services)	271	0	0	0	0	271	153	142	1,922	2,488
	3.7 Subtotal before Reimbursements and Taxes (Lines 3.1 to 3.6)	271	0	0	0	0	271	233	219	2,542	3,265
	3.8 Reimbursements by uninsured plans and fiscal intermediaries	0	0	0	0	0	0	0	0	0	0
	3.9 Taxes, Licenses and Fees (in total, for tying purposes)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	390	390
	3.10 Total (3.7 to 3.9)	271	0	0	0	0	271	233	219	2,932	3,655
	3.11 Total Fraud and Abuse Detection/Recovery Expenses included in Column 7 (informational only)	0	0	0	0	0	0	73	0	0	73

SUPPLEMENT FOR THE YEAR 2018 OF THE UnitedHealthcare Insurance Company

SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 3 (Continued)

	All Expenses	Improving Health Care Quality Expenses						Claims Adjustment Expenses		9	10
		1 Improve Health Outcomes	2 Activities to Prevent Hospital Readmissions	3 Improve Patient Safety and Reduce Medical Errors	4 Wellness & Health Promotion Activities	5 HIT Expenses	6 Total (1 to 5)	7 Cost Containment Expenses	8 Other Claims Adjustment Expenses	General Administrative Expenses	Total Expenses (6 to 9)
4.	Individual Mini-Med Plans Expenses:										
	4.1 Salaries (including $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	4.2 Outsourced Services	0	0	0	0	0	0	0	0	0	0
	4.3 EDP Equipment and Software (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	4.4 Other Equipment (excl. EDP) (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	4.5 Accreditation and Certification (incl $ 0 for affiliated services)	0	XXX	XXX	XXX	XXX	0	0	0	0	0
	4.6 Other Expenses (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	4.7 Subtotal before Reimbursements and Taxes (Lines 4.1 to 4.6)	0	0	0	0	0	0	0	0	0	0
	4.8 Reimbursements by uninsured plans and fiscal intermediaries	0	0	0	0	0	0	0	0	0	0
	4.9 Taxes, Licenses and Fees (in total, for tying purposes)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0
	4.10 Total (4.7 to 4.9)	0	0	0	0	0	0	0	0	0	0
	4.11 Total Fraud and Abuse Detection/Recovery Expenses included in Column 7 (informational only)	0	0	0	0	0	0	0	0	0	0
5.	Small Group Mini-Med Plans Expenses:										
	5.1 Salaries (including $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	5.2 Outsourced Services	0	0	0	0	0	0	0	0	0	0
	5.3 EDP Equipment and Software (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	5.4 Other Equipment (excl. EDP) (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	5.5 Accreditation and Certification (incl $ 0 for affiliated services)	0	XXX	XXX	XXX	XXX	0	0	0	0	0
	5.6 Other Expenses (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	5.7 Subtotal before Reimbursements and Taxes (Lines 5.1 to 5.6)	0	0	0	0	0	0	0	0	0	0
	5.8 Reimbursements by uninsured plans and fiscal intermediaries	0	0	0	0	0	0	0	0	0	0
	5.9 Taxes, Licenses and Fees (in total, for tying purposes)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0
	5.10 Total (5.7 to 5.9)	0	0	0	0	0	0	0	0	0	0
	5.11 Total Fraud and Abuse Detection/Recovery Expenses included in Column 7 (informational only)	0	0	0	0	0	0	0	0	0	0
6.	Large Group Mini-Med Plans Expenses:										
	6.1 Salaries (including $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	6.2 Outsourced Services	0	0	0	0	0	0	0	0	0	0
	6.3 EDP Equipment and Software (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	6.4 Other Equipment (excl. EDP) (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	6.5 Accreditation and Certification (incl $ 0 for affiliated services)	0	XXX	XXX	XXX	XXX	0	0	0	0	0
	6.6 Other Expenses (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	6.7 Subtotal before Reimbursements and Taxes (Lines 6.1 to 6.6)	0	0	0	0	0	0	0	0	0	0
	6.8 Reimbursements by uninsured plans and fiscal intermediaries	0	0	0	0	0	0	0	0	0	0
	6.9 Taxes, Licenses and Fees (in total, for tying purposes)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0
	6.10 Total (6.7 to 6.9)	0	0	0	0	0	0	0	0	0	0
	6.11 Total Fraud and Abuse Detection/Recovery Expenses included in Column 7 (informational only)	0	0	0	0	0	0	0	0	0	0

SUPPLEMENT FOR THE YEAR 2018 OF THE UnitedHealthcare Insurance Company

SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 3 (Continued)

	All Expenses	Improving Health Care Quality Expenses						Claims Adjustment Expenses		9	10
		1 Improve Health Outcomes	2 Activities to Prevent Hospital Readmissions	3 Improve Patient Safety and Reduce Medical Errors	4 Wellness & Health Promotion Activities	5 HIT Expenses	6 Total (1 to 5)	7 Cost Containment Expenses	8 Other Claims Adjustment Expenses	General Administrative Expenses	Total Expenses (6 to 9)
7.	Small Group Expatriate Plans Expenses:										
	7.1 Salaries (including $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	7.2 Outsourced Services	0	0	0	0	0	0	0	0	0	0
	7.3 EDP Equipment and Software (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	7.4 Other Equipment (excl. EDP) (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	7.5 Accreditation and Certification (incl $ 0 for affiliated services)	0	XXX	XXX	XXX	XXX	0	0	0	0	0
	7.6 Other Expenses (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	7.7 Subtotal before Reimbursements and Taxes (Lines 7.1 to 7.6)	0	0	0	0	0	0	0	0	0	0
	7.8 Reimbursements by uninsured plans and fiscal intermediaries	0	0	0	0	0	0	0	0	0	0
	7.9 Taxes, Licenses and Fees (in total, for tying purposes)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0
	7.10 Total (7.7 to 7.9)	0	0	0	0	0	0	0	0	0	0
	7.11 Total Fraud and Abuse Detection/Recovery Expenses included in Column 7 (informational only)	0	0	0	0	0	0	0	0	0	0
8.	Large Group Expatriate Plans Expenses:										
	8.1 Salaries (including $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	8.2 Outsourced Services	0	0	0	0	0	0	0	0	0	0
	8.3 EDP Equipment and Software (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	8.4 Other Equipment (excl. EDP) (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	8.5 Accreditation and Certification (incl $ 0 for affiliated services)	0	XXX	XXX	XXX	XXX	0	0	0	0	0
	8.6 Other Expenses (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	8.7 Subtotal before Reimbursements and Taxes (Lines 8.1 to 8.6)	0	0	0	0	0	0	0	0	0	0
	8.8 Reimbursements by uninsured plans and fiscal intermediaries	0	0	0	0	0	0	0	0	0	0
	8.9 Taxes, Licenses and Fees (in total, for tying purposes)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0
	8.10 Total (8.7 to 8.9)	0	0	0	0	0	0	0	0	0	0
	8.11 Total Fraud and Abuse Detection/Recovery Expenses included in Column 7 (informational only)	0	0	0	0	0	0	0	0	0	0
9.	Student Health Plans Expenses:										
	9.1 Salaries (including $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	9.2 Outsourced Services	0	0	0	0	0	0	0	0	0	0
	9.3 EDP Equipment and Software (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	9.4 Other Equipment (excl. EDP) (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	9.5 Accreditation and Certification (incl $ 0 for affiliated services)	0	XXX	XXX	XXX	XXX	0	0	0	0	0
	9.6 Other Expenses (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	9.7 Subtotal before Reimbursements and Taxes (Lines 9.1 to 9.6)	0	0	0	0	0	0	0	0	0	0
	9.8 Reimbursements by uninsured plans and fiscal intermediaries	0	0	0	0	0	0	0	0	0	0
	9.9 Taxes, Licenses and Fees (in total, for tying purposes)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0
	9.10 Total (9.7 to 9.9)	0	0	0	0	0	0	0	0	0	0
	9.11 Total Fraud and Abuse Detection/Recovery Expenses included in Column 7 (informational only)	0	0	0	0	0	0	0	0	0	0

SUPPLEMENT FOR THE YEAR 2018 OF THE UnitedHealthcare Insurance Company

SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 1

(To Be Filed by April 1 - Not for Rebate Purposes - See Cautionary Statement at http://www.naic.org/documents/committees_e_app_blanks_related_shce_cautionary_statement.pdf)

REPORT FOR: 1. CORPORATION UnitedHealthcare Insurance Company 2. 185 Asylum Street Hartford, CT 061033408 (LOCATION)

NAIC Group Code 0707 BUSINESS IN THE STATE OF Ohio DURING THE YEAR 2018 NAIC Company Code 79413

	Business Subject to MLR								9	10	11	12	13	14	15
	Comprehensive Health Coverage			Mini-Med Plans			Expatriate Plans								
	1 Individual	2 Small Group Employer	3 Large Group Employer	4 Individual	5 Small Group Employer	6 Large Group Employer	7 Small Group	8 Large Group	Student Health Plans	Government Business (excluded by statute)	Other Health Business	Medicare Advantage Part C and Medicare Part D Stand-Alone Subject to ACA	Subtotal (Cols. 1 through 12)	Uninsured Plans	Total 13 + 14
1. Premium:															
1.1 Health premiums earned (From Part 2, Line 1.11)	1,701,751	61,029,336	578,818,953	0	0	0	0	0	0	5,907	718,133,648	173,584,672	1,533,274,269	XXX	1,533,274,269
1.2 Federal high risk pools	0	0	0	0	0	0	0	0	0	0	0	0	0	XXX	0
1.3 State high risk pools	(1,787)	(32,463)	(272,839)	0	0	0	0	0	0	0	338,632	0	31,543	XXX	31,543
1.4 Premiums earned including state and federal high risk programs (Lines 1.1 + 1.2 + 1.3)	1,699,964	60,996,873	578,546,114	0	0	0	0	0	0	5,907	718,472,280	173,584,672	1,533,305,811	XXX	1,533,305,811
1.5 Federal taxes and federal assessments	161,081	4,620,901	22,571,198	0	0	0	0	0	0	(1,119,252)	6,335,740	7,618,947	40,188,616	50	40,188,666
1.6 State insurance, premium and other taxes (Similar local taxes of $ 142,055)	9,355	766,174	7,466,639	0	0	0	0	0	0	0	11,128,823	22,184	19,393,174	0	19,393,174
1.6a Community Benefit Expenditures (informational only)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
1.7 Regulatory authority licenses and fees	648	4,652	57,192	0	0	0	0	0	0	0	(146,625)	0	(84,133)	0	(84,133)
1.8 Adjusted Premiums Earned (Lines 1.4 - 1.5 - 1.6 - 1.7)	1,528,880	55,605,146	548,451,086	0	0	0	0	0	0	1,125,159	701,154,342	165,943,541	1,473,808,154	XXX	1,473,808,105
1.9 Net Assumed less Ceded reinsurance premiums earned	265	6,374	(88,283,161)	0	0	0	0	0	0	20,878,418	(1,183,543)	7,743,179	(60,838,470)	XXX	(60,838,470)
1.10 Other Adjustments due to MLR calculations - Premiums	0	22,653	25,487	0	0	0	0	0	0	0	14,317	1,579,093	1,641,550	XXX	1,641,550
1.11 Risk Revenue	0	0	0	0	0	0	0	0	0	0	0	0	0	XXX	0
1.12 Net adjusted premiums earned after reinsurance (Lines 1.8 + 1.9 + 1.10 + 1.11)	1,529,145	55,634,173	460,193,412	0	0	0	0	0	0	22,003,577	699,985,115	175,265,813	1,414,611,234	XXX	1,414,611,185
2. Claims:															
2.1 Incurred claims excluding prescription drugs	724,109	38,391,687	415,362,690	0	0	0	0	0	0	0	564,365,118	7,387,624	1,026,231,229	XXX	1,026,231,229
2.2 Prescription drugs	264,159	7,730,528	94,247,893	0	0	0	0	0	0	0	4,897,883	255,210,038	362,350,502	XXX	362,350,502
2.3 Pharmaceutical rebates	91,484	2,783,238	29,457,503	0	0	0	0	0	0	0	169,802	139,786,818	172,288,845	XXX	172,288,845
2.4 State stop loss, market stabilization and claim/census based assessments (informational only)	9	49,853	636,064	0	0	0	0	0	0	0	273	0	686,199	XXX	686,199
3. Incurred medical incentive pools and bonuses	0	(62,727)	899,941	0	0	0	0	0	0	0	0	(9,885)	827,330	XXX	827,330
4. Deductible Fraud and Abuse Detection/Recovery Expenses (for MLR use only)	2	44,043	318,902	0	0	0	0	0	0	0	0	179	363,127	0	363,127
5. 5.0 Total Incurred Claims (Lines 2.1 + 2.2 - 2.3 + 3) (From Part 2, Line 2.15)	896,784	43,276,252	481,053,022	0	0	0	0	0	0	0	569,093,199	122,800,959	1,217,120,216	XXX	1,217,120,216
5.1 Net Assumed less Ceded reinsurance claims incurred	0	0	(74,357,585)	0	0	0	0	0	0	26,501,793	(884,851)	10,475,013	(38,265,629)	XXX	(38,265,629)
5.2 Other Adjustments due to MLR calculations - Claims	0	(4,200,686)	0	0	0	0	0	0	0	0	0	0	(4,200,686)	XXX	(4,200,686)
5.3 Rebates paid	0	3,350,308	0	0	0	0	0	0	0	XXX	XXX	0	3,350,308	XXX	3,350,308
5.4 Estimated rebates unpaid prior year	0	2,683,087	0	0	0	0	0	0	0	XXX	XXX	0	2,683,087	XXX	2,683,087
5.5 Estimated rebates unpaid current year	0	3,533,466	0	0	0	0	0	0	0	XXX	XXX	0	3,533,466	XXX	3,533,466
5.6 Fee for service and co-pay revenue	0	0	0	0	0	0	0	0	0	0	0	0	0	XXX	0
5.7 Net incurred claims after reinsurance (Lines 5.0 + 5.1 + 5.2 + 5.3 - 5.4 + 5.5 - 5.6)	896,784	43,276,252	406,695,437	0	0	0	0	0	0	26,501,793	568,208,349	133,275,972	1,178,854,587	XXX	1,178,854,587
6. Improving Health Care Quality Expenses Incurred:															
6.1 Improve health outcomes	13,614	488,235	4,630,552	0	0	0	0	0	0	0	1,259,599	267,050	6,659,049	0	6,659,049
6.2 Activities to prevent hospital readmissions	0	0	0	0	0	0	0	0	0	0	202,388	73,696	276,085	0	276,085
6.3 Improve patient safety and reduce medical errors	0	0	0	0	0	0	0	0	0	0	165,021	557,466	722,488	0	722,488
6.4 Wellness and health promotion activities	0	0	0	0	0	0	0	0	0	0	4,986,104	(125,585)	4,860,519	0	4,860,519
6.5 Health Information Technology expenses related to health improvement	0	0	0	0	0	0	0	0	0	0	264,986	550,410	815,396	0	815,396
6.6 Total of Defined Expenses Incurred for Improving Health Care Quality (Lines 6.1+6.2+6.3+6.4+6.5)	13,614	488,235	4,630,552	0	0	0	0	0	0	0	6,878,099	1,323,036	13,333,536	0	13,333,536
7. Preliminary Medical Loss Ratio: MLR ((Lines 4 + 5.0 + 6.6 - Footnote 2.0)/Line 1.8	0.595	0.788	0.886	0.000	0.000	0.000	0.000	0.000	0.000	XXX	XXX	0.748	XXX	XXX	XXX
8. Claims Adjustment Expenses:															
8.1 Cost containment expenses not included in quality of care expenses in Line 6.6	7,853	486,140	5,809,914	0	0	0	0	0	0	0	554,497	2,047,459	8,905,863	0	8,905,863
8.2 All other claims adjustment expenses	20,309	759,610	7,468,496	0	0	0	0	0	0	0	9,675,518	11,625,698	29,549,631	0	29,549,631
8.3 Total claims adjustment expenses (Lines 8.1 + 8.2)	28,162	1,245,750	13,278,410	0	0	0	0	0	0	0	10,230,015	13,673,157	38,455,494	0	38,455,494
9. Claims Adjustment Expense Ratio (Line 8.3/Line 1.8)	0.018	0.022	0.024	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.015	0.082	XXX	XXX	XXX

SUPPLEMENT FOR THE YEAR 2018 OF THE UnitedHealthcare Insurance Company

SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 1 (Continued)

	Business Subject to MLR									10	11	12	13	14	15
	Comprehensive Health Coverage			Mini-Med Plans			Expatriate Plans		9						
	1 Individual	2 Small Group Employer	3 Large Group Employer	4 Individual	5 Small Group Employer	6 Large Group Employer	7 Small Group	8 Large Group	Student Health Plans	Government Business (excluded by statute)	Other Health Business	Medicare Advantage Part C and Medicare Part D Stand-Alone Subject to ACA	Subtotal (Cols. 1 through 12)	Uninsured Plans	Total 13 + 14
10. General and Administrative (G&A) Expenses:															
10.1 Direct sales salaries and benefits	1,903	173,989	2,255,254	0	0	0	0	0	0	0	1,104,043	354,874	3,890,064	0	3,890,064
10.2 Agents and brokers fees and commissions	15,397	1,458,397	2,509,004	0	0	0	0	0	0	0	25,740,648	1,990,858	31,714,304	0	31,714,304
10.3 Other taxes (excluding taxes on Lines 1.5 through 1.7 and Line 14 below)	(12,588)	(283,309)	481,327	0	0	0	0	0	0	0	1,266,015	376,310	1,827,755	(9)	1,827,746
10.4 Other general and administrative expenses	70,454	2,760,706	10,991,718	0	0	0	0	0	0	24	65,229,303	11,616,595	90,668,800	(240)	90,668,560
10.4a Community Benefit Expenditures (informational only)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
10.5 Total general and administrative (Lines 10.1 +10.2 + 10.3 + 10.4)	75,165	4,109,783	16,237,304	0	0	0	0	0	0	24	93,340,008	14,338,638	128,100,922	(249)	128,100,673
11. Underwriting Gain/(Loss) (Lines 1.12 - 5.7 - 6.6 - 8.3 - 10.5)	515,420	6,514,153	19,351,709	0	0	0	0	0	0	(4,498,240)	21,328,644	12,655,010	55,866,696	XXX	55,866,895
12. Income from fees of uninsured plans	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0
13. Net investment and other gain/(loss)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	19,647,868	XXX	19,647,868
14. Federal income taxes (excluding taxes on Line 1.5 above)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	280,152	XXX	280,152
15. Net gain or (loss) (Lines 11 + 12 + 13 - 14)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	75,234,412	XXX	75,234,611
16. ICD-10 Implementation Expenses (informational only; already included in general expenses and line 10.4)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
16. 16a ICD-10 Implementation Expenses (informational only; already included in line 10.4)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
OTHER INDICATORS:															
1. Number of certificates/policies	122	4,473	57,120	0	0	0	0	0	0	0	463,380	152,419	677,514	0	677,514
2. Number of Covered Lives	164	8,196	108,647	0	0	0	0	0	0	5	634,023	152,419	903,454	0	903,454
3. Number of Groups	XXX	636	491	XXX	0	0	0	0	0	0	3,664	13	4,804	0	4,804
4. Member Months	2,165	110,714	1,511,605	0	0	0	0	0	0	70	7,513,742	1,869,424	11,007,720	0	11,007,720

Is run off business reported in Columns 1 through 9 or 12? Yes [ ] No [ ] If yes, show the amount of premiums and claims included. Premiums $ 0 Claims $ 0

216-2.OH

AFFORDABLE CARE ACT (ACA) RECEIPTS, PAYMENTS, RECEIVABLES and PAYABLES

	Current Year Comprehensive Health Coverage		Prior Year Comprehensive Health Coverage	
	1 Individual Plans	2 Small Group Employer Plans	3 Individual Plans	4 Small Group Employer Plans
ACA Receivables and Payables				
1. Permanent ACA Risk Adjustment Program 1.0 Premium adjustments receivable/(payable)	294,671	(231,108)	(65,496)	(811,387)
2. Transitional ACA Reinsurance Program 2.0 Total amounts recoverable for claims (paid & unpaid)	0	XXX	0	XXX
3. Temporary ACA Risk Corridors Program 3.1 Accrued retrospective premium	0	0	0	0
3.2 Reserve for rate credits or policy experience refunds	0	0	0	0
ACA Receipts and Payments				
4. Permanent ACA Risk Adjustment Program 4.0 Premium adjustments receipts/(payments)	15,218	273,294	16,782	711,415
5. Transitional ACA Reinsurance Program 5.0 Amounts received for claims	0	XXX	0	XXX
6. Temporary ACA Risk Corridors Program 6.1 Retrospective premium received	0	0	0	0
6.2 Rate credits or policy experience refunds paid	0	0	0	0

SUPPLEMENT FOR THE YEAR 2018 OF THE UnitedHealthcare Insurance Company

SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 2

(To Be Filed by April 1 - Not for Rebate Purposes)

REPORT FOR: 1. CORPORATION UnitedHealthcare Insurance Company 2. 185 Asylum Street Hartford, CT 061033408 (LOCATION)

NAIC Group Code 0707 BUSINESS IN THE STATE OF Ohio DURING THE YEAR 2018 NAIC Company Code 79413

	Business Subject to MLR									10	11	12	13
	Comprehensive Health Coverage			Mini-Med Plans			Expatriate Plans:		9				
	1	2	3	4	5	6	7	8					
	Individual	Small Group Employer	Large Group Employer	Individual	Small Group Employer	Large Group Employer	Small Group	Large Group	Student Health Plans	Government Business (excluded by statute)	Other Health Business	Medicare Advantage Part C and Medicare Part D Stand-Alone Subject to ACA	Total (a)
1. Health Premiums Earned:													
1.1 Direct premiums written	1,701,751	61,052,032	578,844,440	0	0	0	0	0	0	5,907	718,222,995	175,163,766	1,534,990,890
1.2 Unearned premium prior year	0	5,985	0	0	0	0	0	0	0	0	38,768	0	44,753
1.3 Unearned premium current year	0	6,028	0	0	0	0	0	0	0	0	113,798	0	119,826
1.4 Change in unearned premium (Lines 1.2 - 1.3)	0	(43)	0	0	0	0	0	0	0	0	(75,030)	0	(75,072)
1.5 Paid rate credits	136,878	3,350,308	164,056	0	0	0	0	0	0	0	5,383,452	9,330,211	18,364,905
1.6 Reserve for rate credits current year	0	3,533,466	(65,630)	0	0	0	0	0	0	0	2,090,888	3,610,909	9,169,633
1.7 Reserve for rate credits prior year	0	2,683,087	(428,882)	0	0	0	0	0	0	0	2,611,196	9,347,507	14,212,909
1.8 Change in reserve for rate credits (Lines 1.6 - 1.7)	0	850,378	363,252	0	0	0	0	0	0	0	(520,308)	(5,736,598)	(5,043,276)
1.9 Premium balances written off	0	22,653	25,487	0	0	0	0	0	0	0	14,317	1,579,093	1,641,550
1.10 Group conversion charge	0	0	0	0	0	0	0	0	0	0	0	0	0
1.11 Total direct premiums earned (Lines 1.1 + 1.4 - 1.9 + 1.10)	1,701,751	61,029,336	578,818,953	0	0	0	0	0	0	5,907	718,133,648	173,584,672	1,533,274,268
1.12 Assumed premiums earned from non-affiliates	0	0	1,485,230	0	0	0	0	0	0	0	0	0	1,485,230
1.13 Net Assumed less Ceded premiums earned from affiliates	265	5,995	28,592	0	0	0	0	0	0	20,878,418	0	7,743,179	28,656,448
1.14 Ceded premiums earned to non-affiliates	0	(378)	89,796,983	0	0	0	0	0	0	0	1,183,543	0	90,980,148
1.15 Other Adjustments due to MLR calculation - Premiums	0	22,653	25,487	0	0	0	0	0	0	0	14,317	1,579,093	1,641,550
1.16 Net premiums earned (Lines 1.11 - 1.5 - 1.8 + 1.12 + 1.13 - 1.14 + 1.15)	1,565,137	56,857,677	490,033,971	0	0	0	0	0	0	20,884,325	712,101,278	179,313,332	1,460,755,719
2. Direct Claims Incurred:													
2.1 Paid claims during the year	873,489	39,540,522	478,234,358	0	0	0	0	0	0	(910,640)	561,527,179	123,538,053	1,202,802,960
2.2 Direct claim liability current year	172,549	5,203,746	60,245,499	0	0	0	0	0	0	1,231,037	65,772,514	4,137,179	136,762,523
2.3 Direct claim liability prior year	46,743	6,298,816	61,957,681	0	0	0	0	0	0	320,396	63,133,184	10,588,106	142,344,926
2.4 Direct claim reserves current year	15,230	513,099	1,029,170	0	0	0	0	0	0	0	30,820,400	0	32,377,900
2.5 Direct claim reserves prior year	6,372	360,586	1,255,760	0	0	0	0	0	0	0	30,620,386	0	32,243,105
2.6 Direct contract reserves current year	548,831	0	0	0	0	0	0	0	0	0	250,697	0	799,528
2.7 Direct contract reserves prior year	795,079	0	0	0	0	0	0	0	0	0	336,429	0	1,131,508
2.8 Paid rate credits	136,878	3,350,308	164,056	0	0	0	0	0	0	0	5,383,452	9,330,211	18,364,905
2.9 Reserve for rate credits current year	0	3,533,466	(65,630)	0	0	0	0	0	0	0	2,090,888	3,610,909	9,169,633
2.10 Reserve for rate credits prior year	0	2,683,087	(428,882)	0	0	0	0	0	0	0	2,611,196	9,347,507	14,212,909
2.11 Incurred medical incentive pools and bonuses (Lines 2.11a + 2.11b - 2.11c)	0	(62,727)	899,941	0	0	0	0	0	0	0	0	(9,885)	827,330
2.11a Paid medical incentive pools and bonuses current year	0	10,059	141,802	0	0	0	0	0	0	0	0	(3)	151,858
2.11b Accrued medical incentive pools and bonuses current year	0	256,459	2,337,222	0	0	0	0	0	0	8,490	0	0	2,602,171
2.11c Accrued medical incentive pools and bonuses prior year	0	329,245	1,579,082	0	0	0	0	0	0	8,490	0	9,883	1,926,700
2.12 Net healthcare receivables (Lines 2.12a - 2.12b)	1,999	(540,327)	(3,330,187)	0	0	0	0	0	0	0	50,736	(2,130,106)	(5,947,885)
2.12a Healthcare receivables current year	1,999	1,261,063	11,547,642	0	0	0	0	0	0	0	60,240	47,595,220	60,466,165
2.12b Healthcare receivables prior year	0	1,801,390	14,877,829	0	0	0	0	0	0	0	9,505	49,725,326	66,414,050
2.13 Group conversion charge	0	0	0	0	0	0	0	0	0	0	0	0	0
2.14 Multi-option coverage blended rate adjustment	0	0	0	0	0	0	0	0	0	0	0	0	0
2.15 Total incurred claims (Lines 2.1 + 2.2 - 2.3 + 2.4 - 2.5 + 2.6 - 2.7 + 2.8 + 2.9 - 2.10 + 2.11 - 2.12 + 2.13 + 2.14)	896,784	43,276,252	481,053,022	0	0	0	0	0	0	0	569,093,199	122,800,959	1,217,120,216
2.16 Assumed incurred claims from non-affiliates	0	0	1,351,081	0	0	0	0	0	0	0	0	0	1,351,081
2.17 Net assumed less ceded incurred claims from affiliates	0	0	0	0	0	0	0	0	0	26,501,793	0	10,475,013	36,976,805
2.18 Ceded incurred claims to non-affiliates	0	0	75,708,666	0	0	0	0	0	0	0	884,851	0	76,593,516
2.19 Other adjustments due to MLR calculation - Claims	0	0	0	0	0	0	0	0	0	0	0	0	0
2.20 Net Incurred Claims (Lines 2.15 - 2.8 - 2.9 + 2.10 + 2.16 + 2.17 - 2.18 + 2.19)	759,906	39,075,566	406,168,129	0	0	0	0	0	0	26,501,793	563,345,205	129,682,359	1,165,532,957
3. Fraud and Abuse Recoveries that Reduced PAID Claims in Line 2.1 above (informational only)	2	44,043	318,902	0	0	0	0	0	0	0	0	16,724	379,672

(a) Column 13, Line 1.1 includes direct written premium of $ 23,278,147 for stand-alone dental and $ 8,421,772 for stand-alone vision policies.

SUPPLEMENT FOR THE YEAR 2018 OF THE UnitedHealthcare Insurance Company

SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 3

(To Be Filed by April 1 - Not for Rebate Purposes)

REPORT FOR: 1. CORPORATION UnitedHealthcare Insurance Company 2. 185 Asylum Street Hartford, CT 061033408 (LOCATION)

NAIC Group Code 0707 BUSINESS IN THE STATE OF Ohio DURING THE YEAR 2018 NAIC Company Code 79413

	All Expenses	Improving Health Care Quality Expenses						Claims Adjustment Expenses		9	10
		1 Improve Health Outcomes	2 Activities to Prevent Hospital Readmissions	3 Improve Patient Safety and Reduce Medical Errors	4 Wellness & Health Promotion Activities	5 HIT Expenses	6 Total (1 to 5)	7 Cost Containment Expenses	8 Other Claims Adjustment Expenses	General Administrative Expenses	Total Expenses (6 to 9)
1.	Individual Comprehensive Coverage Expenses:										
	1.1 Salaries (including $ 38,499 for affiliated services)	0	0	0	0	0	0	2,229	9,855	26,415	38,499
	1.2 Outsourced Services	0	0	0	0	0	0	255	393	1,352	2,001
	1.3 EDP Equipment and Software (incl $ 1,474 for affiliated services)	0	0	0	0	0	0	186	270	1,018	1,474
	1.4 Other Equipment (excl. EDP) (incl $ 142 for affiliated services)	0	0	0	0	0	0	18	26	67	111
	1.5 Accreditation and Certification (incl $ 15 for affiliated services)	0	XXX	XXX	XXX	XXX	0	2	3	11	15
	1.6 Other Expenses (incl $ 40,875 for affiliated services)	13,614	0	0	0	0	13,614	4,985	9,573	58,756	86,928
	1.7 Subtotal before Reimbursements and Taxes (Lines 1.1 to 1.6)	13,614	0	0	0	0	13,614	7,675	20,121	87,619	129,029
	1.8 Reimbursements by uninsured plans and fiscal intermediaries	0	0	0	0	0	0	0	0	0	0
	1.9 Taxes, Licenses and Fees (in total, for tying purposes)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	(2,085)	(2,085)
	1.10 Total (1.7 to 1.9)	13,614	0	0	0	0	13,614	7,675	20,121	85,534	126,944
	1.11 Total Fraud and Abuse Detection/Recovery Expenses included in Column 7 (informational only)	0	0	0	0	0	0	1,531	0	0	1,531
2.	Small Group Comprehensive Coverage Expenses:										
	2.1 Salaries (including $ 2,018,306 for affiliated services)	0	0	0	0	0	0	237,199	375,575	1,405,532	2,018,306
	2.2 Outsourced Services	0	0	0	0	0	0	21,335	43,042	134,496	198,873
	2.3 EDP Equipment and Software (incl $ 143,736 for affiliated services)	0	0	0	0	0	0	19,807	31,362	92,567	143,736
	2.4 Other Equipment (excl. EDP) (incl $ 13,797 for affiliated services)	0	0	0	0	0	0	1,901	3,010	8,885	13,797
	2.5 Accreditation and Certification (incl $ 1,498 for affiliated services)	0	XXX	XXX	XXX	XXX	0	206	327	965	1,498
	2.6 Other Expenses (incl $ 1,796,159 for affiliated services)	488,235	0	0	0	0	488,235	189,470	288,994	2,738,210	3,704,909
	2.7 Subtotal before Reimbursements and Taxes (Lines 2.1 to 2.6)	488,235	0	0	0	0	488,235	469,919	742,310	4,380,655	6,081,119
	2.8 Reimbursements by uninsured plans and fiscal intermediaries	0	0	0	0	0	0	0	0	0	0
	2.9 Taxes, Licenses and Fees (in total, for tying purposes)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	533,475	533,475
	2.10 Total (2.7 to 2.9)	488,235	0	0	0	0	488,235	469,919	742,310	4,914,130	6,614,594
	2.11 Total Fraud and Abuse Detection/Recovery Expenses included in Column 7 (informational only)	0	0	0	0	0	0	140,025	0	0	140,025
3.	Large Group Comprehensive Coverage Expenses:										
	3.1 Salaries (including $ 9,372,380 for affiliated services)	0	0	0	0	0	0	1,439,520	1,965,355	5,967,504	9,372,380
	3.2 Outsourced Services	0	0	0	0	0	0	377,209	225,234	508,123	1,110,566
	3.3 EDP Equipment and Software (incl $ 611,881 for affiliated services)	0	0	0	0	0	0	120,207	164,116	327,558	611,881
	3.4 Other Equipment (excl. EDP) (incl $ 58,733 for affiliated services)	0	0	0	0	0	0	11,538	15,753	31,442	58,733
	3.5 Accreditation and Certification (incl $ 6,377 for affiliated services)	0	XXX	XXX	XXX	XXX	0	1,253	1,710	3,414	6,377
	3.6 Other Expenses (incl $ 24,083,525 for affiliated services)	4,630,552	0	0	0	0	4,630,552	3,675,349	4,946,652	8,759,795	22,012,348
	3.7 Subtotal before Reimbursements and Taxes (Lines 3.1 to 3.6)	4,630,552	0	0	0	0	4,630,552	5,625,076	7,318,821	15,597,836	33,172,285
	3.8 Reimbursements by uninsured plans and fiscal intermediaries	0	0	0	0	0	0	0	0	0	0
	3.9 Taxes, Licenses and Fees (in total, for tying purposes)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	8,497,811	8,497,811
	3.10 Total (3.7 to 3.9)	4,630,552	0	0	0	0	4,630,552	5,625,076	7,318,821	24,095,647	41,670,096
	3.11 Total Fraud and Abuse Detection/Recovery Expenses included in Column 7 (informational only)	0	0	0	0	0	0	1,731,471	0	0	1,731,471

SUPPLEMENT FOR THE YEAR 2018 OF THE UnitedHealthcare Insurance Company

SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 3 (Continued)

	All Expenses	Improving Health Care Quality Expenses						Claims Adjustment Expenses		9	10
		1 Improve Health Outcomes	2 Activities to Prevent Hospital Readmissions	3 Improve Patient Safety and Reduce Medical Errors	4 Wellness & Health Promotion Activities	5 HIT Expenses	6 Total (1 to 5)	7 Cost Containment Expenses	8 Other Claims Adjustment Expenses	General Administrative Expenses	Total Expenses (6 to 9)
4.	Individual Mini-Med Plans Expenses:										
	4.1 Salaries (including $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	4.2 Outsourced Services	0	0	0	0	0	0	0	0	0	0
	4.3 EDP Equipment and Software (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	4.4 Other Equipment (excl. EDP) (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	4.5 Accreditation and Certification (incl $ 0 for affiliated services)	0	XXX	XXX	XXX	XXX	0	0	0	0	0
	4.6 Other Expenses (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	4.7 Subtotal before Reimbursements and Taxes (Lines 4.1 to 4.6)	0	0	0	0	0	0	0	0	0	0
	4.8 Reimbursements by uninsured plans and fiscal intermediaries	0	0	0	0	0	0	0	0	0	0
	4.9 Taxes, Licenses and Fees (in total, for tying purposes)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0
	4.10 Total (4.7 to 4.9)	0	0	0	0	0	0	0	0	0	0
	4.11 Total Fraud and Abuse Detection/Recovery Expenses included in Column 7 (informational only)	0	0	0	0	0	0	0	0	0	0
5.	Small Group Mini-Med Plans Expenses:										
	5.1 Salaries (including $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	5.2 Outsourced Services	0	0	0	0	0	0	0	0	0	0
	5.3 EDP Equipment and Software (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	5.4 Other Equipment (excl. EDP) (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	5.5 Accreditation and Certification (incl $ 0 for affiliated services)	0	XXX	XXX	XXX	XXX	0	0	0	0	0
	5.6 Other Expenses (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	5.7 Subtotal before Reimbursements and Taxes (Lines 5.1 to 5.6)	0	0	0	0	0	0	0	0	0	0
	5.8 Reimbursements by uninsured plans and fiscal intermediaries	0	0	0	0	0	0	0	0	0	0
	5.9 Taxes, Licenses and Fees (in total, for tying purposes)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0
	5.10 Total (5.7 to 5.9)	0	0	0	0	0	0	0	0	0	0
	5.11 Total Fraud and Abuse Detection/Recovery Expenses included in Column 7 (informational only)	0	0	0	0	0	0	0	0	0	0
6.	Large Group Mini-Med Plans Expenses:										
	6.1 Salaries (including $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	6.2 Outsourced Services	0	0	0	0	0	0	0	0	0	0
	6.3 EDP Equipment and Software (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	6.4 Other Equipment (excl. EDP) (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	6.5 Accreditation and Certification (incl $ 0 for affiliated services)	0	XXX	XXX	XXX	XXX	0	0	0	0	0
	6.6 Other Expenses (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	6.7 Subtotal before Reimbursements and Taxes (Lines 6.1 to 6.6)	0	0	0	0	0	0	0	0	0	0
	6.8 Reimbursements by uninsured plans and fiscal intermediaries	0	0	0	0	0	0	0	0	0	0
	6.9 Taxes, Licenses and Fees (in total, for tying purposes)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0
	6.10 Total (6.7 to 6.9)	0	0	0	0	0	0	0	0	0	0
	6.11 Total Fraud and Abuse Detection/Recovery Expenses included in Column 7 (informational only)	0	0	0	0	0	0	0	0	0	0

SUPPLEMENT FOR THE YEAR 2018 OF THE UnitedHealthcare Insurance Company

SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 3 (Continued)

	All Expenses	Improving Health Care Quality Expenses						Claims Adjustment Expenses		9	10
		1 Improve Health Outcomes	2 Activities to Prevent Hospital Readmissions	3 Improve Patient Safety and Reduce Medical Errors	4 Wellness & Health Promotion Activities	5 HIT Expenses	6 Total (1 to 5)	7 Cost Containment Expenses	8 Other Claims Adjustment Expenses	General Administrative Expenses	Total Expenses (6 to 9)
7.	Small Group Expatriate Plans Expenses:										
	7.1 Salaries (including $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	7.2 Outsourced Services	0	0	0	0	0	0	0	0	0	0
	7.3 EDP Equipment and Software (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	7.4 Other Equipment (excl. EDP) (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	7.5 Accreditation and Certification (incl $ 0 for affiliated services)	0	XXX	XXX	XXX	XXX	0	0	0	0	0
	7.6 Other Expenses (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	7.7 Subtotal before Reimbursements and Taxes (Lines 7.1 to 7.6)	0	0	0	0	0	0	0	0	0	0
	7.8 Reimbursements by uninsured plans and fiscal intermediaries	0	0	0	0	0	0	0	0	0	0
	7.9 Taxes, Licenses and Fees (in total, for tying purposes)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0
	7.10 Total (7.7 to 7.9)	0	0	0	0	0	0	0	0	0	0
	7.11 Total Fraud and Abuse Detection/Recovery Expenses included in Column 7 (informational only)	0	0	0	0	0	0	0	0	0	0
8.	Large Group Expatriate Plans Expenses:										
	8.1 Salaries (including $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	8.2 Outsourced Services	0	0	0	0	0	0	0	0	0	0
	8.3 EDP Equipment and Software (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	8.4 Other Equipment (excl. EDP) (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	8.5 Accreditation and Certification (incl $ 0 for affiliated services)	0	XXX	XXX	XXX	XXX	0	0	0	0	0
	8.6 Other Expenses (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	8.7 Subtotal before Reimbursements and Taxes (Lines 8.1 to 8.6)	0	0	0	0	0	0	0	0	0	0
	8.8 Reimbursements by uninsured plans and fiscal intermediaries	0	0	0	0	0	0	0	0	0	0
	8.9 Taxes, Licenses and Fees (in total, for tying purposes)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0
	8.10 Total (8.7 to 8.9)	0	0	0	0	0	0	0	0	0	0
	8.11 Total Fraud and Abuse Detection/Recovery Expenses included in Column 7 (informational only)	0	0	0	0	0	0	0	0	0	0
9.	Student Health Plans Expenses:										
	9.1 Salaries (including $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	9.2 Outsourced Services	0	0	0	0	0	0	0	0	0	0
	9.3 EDP Equipment and Software (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	9.4 Other Equipment (excl. EDP) (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	9.5 Accreditation and Certification (incl $ 0 for affiliated services)	0	XXX	XXX	XXX	XXX	0	0	0	0	0
	9.6 Other Expenses (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	9.7 Subtotal before Reimbursements and Taxes (Lines 9.1 to 9.6)	0	0	0	0	0	0	0	0	0	0
	9.8 Reimbursements by uninsured plans and fiscal intermediaries	0	0	0	0	0	0	0	0	0	0
	9.9 Taxes, Licenses and Fees (in total, for tying purposes)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0
	9.10 Total (9.7 to 9.9)	0	0	0	0	0	0	0	0	0	0
	9.11 Total Fraud and Abuse Detection/Recovery Expenses included in Column 7 (informational only)	0	0	0	0	0	0	0	0	0	0



SUPPLEMENT FOR THE YEAR 2018 OF THE UnitedHealthcare Insurance Company

SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 1

(To Be Filed by April 1 - Not for Rebate Purposes - See Cautionary Statement at http://www.naic.org/documents/committees_e_app_blanks_related_shce_cautionary_statement.pdf)

REPORT FOR: 1. CORPORATION UnitedHealthcare Insurance Company 2. 185 Asylum Street Hartford, CT 061033408 (LOCATION)

NAIC Group Code 0707 BUSINESS IN THE STATE OF Oklahoma DURING THE YEAR 2018 NAIC Company Code 79413

	Business Subject to MLR									10	11	12	13	14	15
	Comprehensive Health Coverage			Mini-Med Plans			Expatriate Plans		9						
	1 Individual	2 Small Group Employer	3 Large Group Employer	4 Individual	5 Small Group Employer	6 Large Group Employer	7 Small Group	8 Large Group	Student Health Plans	Government Business (excluded by statute)	Other Health Business	Medicare Advantage Part C and Medicare Part D Stand-Alone Subject to ACA	Subtotal (Cols. 1 through 12)	Uninsured Plans	Total 13 + 14
1. Premium:															
1.1 Health premiums earned (From Part 2, Line 1.11)	1,823,021	125,911,509	194,710,742	0	0	0	0	0	0	0	119,417,887	45,089,145	486,952,304	XXX	486,952,304
1.2 Federal high risk pools	0	0	0	0	0	0	0	0	0	0	0	0	0	XXX	0
1.3 State high risk pools	(742)	(1,360)	(27,459)	0	0	0	0	0	0	0	56,721	0	27,160	XXX	27,160
1.4 Premiums earned including state and federal high risk programs (Lines 1.1 + 1.2 + 1.3)	1,822,279	125,910,150	194,683,282	0	0	0	0	0	0	0	119,474,608	45,089,145	486,979,464	XXX	486,979,464
1.5 Federal taxes and federal assessments	(37,784)	6,726,919	5,151,054	0	0	0	0	0	0	0	864,702	2,304,784	15,009,674	0	15,009,674
1.6 State insurance, premium and other taxes (Similar local taxes of $ 53,092)	30,948	2,635,260	3,782,455	0	0	0	0	0	0	0	2,017,162	5,781	8,471,606	0	8,471,606
1.6a Community Benefit Expenditures (informational only)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
1.7 Regulatory authority licenses and fees	288	(2,384)	(15,132)	0	0	0	0	0	0	0	(24,906)	0	(42,135)	0	(42,135)
1.8 Adjusted Premiums Earned (Lines 1.4 - 1.5 - 1.6 - 1.7)	1,828,827	116,550,355	185,764,905	0	0	0	0	0	0	0	116,617,651	42,778,580	463,540,318	XXX	463,540,318
1.9 Net Assumed less Ceded reinsurance premiums earned	0	0	(27,580,437)	0	0	0	0	0	0	0	(135,818)	0	(27,716,255)	XXX	(27,716,255)
1.10 Other Adjustments due to MLR calculations - Premiums	0	34,364	801,715	0	0	0	0	0	0	0	1,837	501,699	1,339,616	XXX	1,339,616
1.11 Risk Revenue	0	0	0	0	0	0	0	0	0	0	0	0	0	XXX	0
1.12 Net adjusted premiums earned after reinsurance (Lines 1.8 + 1.9 + 1.10 + 1.11)	1,828,827	116,584,719	158,986,183	0	0	0	0	0	0	0	116,483,670	43,280,280	437,163,679	XXX	437,163,679
2. Claims:															
2.1 Incurred claims excluding prescription drugs	1,751,737	74,477,912	142,711,586	0	0	0	0	0	0	0	91,016,248	2,312,216	312,269,700	XXX	312,269,700
2.2 Prescription drugs	269,912	20,920,026	36,116,103	0	0	0	0	0	0	0	4,758,498	66,753,730	128,818,271	XXX	128,818,271
2.3 Pharmaceutical rebates	79,848	6,769,293	11,825,691	0	0	0	0	0	0	0	20,441	38,280,791	56,976,063	XXX	56,976,063
2.4 State stop loss, market stabilization and claim/census based assessments (informational only)	0	17,429	22,163	0	0	0	0	0	0	0	0	0	39,592	XXX	39,592
3. Incurred medical incentive pools and bonuses	0	90,518	523,657	0	0	0	0	0	0	0	0	(13,595)	600,580	XXX	600,580
4. Deductible Fraud and Abuse Detection/Recovery Expenses (for MLR use only)	0	4,014	28,009	0	0	0	0	0	0	0	0	25	32,048	0	32,048
5. 5.0 Total Incurred Claims (Lines 2.1 + 2.2 - 2.3 + 3) (From Part 2, Line 2.15)	1,941,802	88,719,163	167,525,656	0	0	0	0	0	0	0	95,754,306	30,771,561	384,712,488	XXX	384,712,488
5.1 Net Assumed less Ceded reinsurance claims incurred	0	0	(23,978,094)	0	0	0	0	0	0	0	(18,416)	0	(23,996,509)	XXX	(23,996,509)
5.2 Other Adjustments due to MLR calculations - Claims	0	(3,026,312)	(14,169)	0	0	0	0	0	0	0	0	0	(3,040,481)	XXX	(3,040,481)
5.3 Rebates paid	0	1,377,428	14,169	0	0	0	0	0	0	XXX	XXX	0	1,391,597	XXX	1,391,597
5.4 Estimated rebates unpaid prior year	0	0	0	0	0	0	0	0	0	XXX	XXX	0	0	XXX	0
5.5 Estimated rebates unpaid current year	0	1,648,884	0	0	0	0	0	0	0	XXX	XXX	0	1,648,884	XXX	1,648,884
5.6 Fee for service and co-pay revenue	0	0	0	0	0	0	0	0	0	0	0	0	0	XXX	0
5.7 Net incurred claims after reinsurance (Lines 5.0 + 5.1 + 5.2 + 5.3 - 5.4 + 5.5 - 5.6)	1,941,802	88,719,163	143,547,562	0	0	0	0	0	0	0	95,735,891	30,771,561	360,715,978	XXX	360,715,978
6. Improving Health Care Quality Expenses Incurred:															
6.1 Improve health outcomes	14,584	1,007,292	1,557,686	0	0	0	0	0	0	0	307,564	72,535	2,959,661	0	2,959,661
6.2 Activities to prevent hospital readmissions	0	0	0	0	0	0	0	0	0	0	119,210	19,854	139,064	0	139,064
6.3 Improve patient safety and reduce medical errors	0	0	0	0	0	0	0	0	0	0	92,730	154,107	246,838	0	246,838
6.4 Wellness and health promotion activities	0	0	0	0	0	0	0	0	0	0	881,170	(31,130)	850,040	0	850,040
6.5 Health Information Technology expenses related to health improvement	0	0	0	0	0	0	0	0	0	0	63,600	153,261	216,861	0	216,861
6.6 Total of Defined Expenses Incurred for Improving Health Care Quality (Lines 6.1+6.2+6.3+6.4+6.5)	14,584	1,007,292	1,557,686	0	0	0	0	0	0	0	1,464,274	368,628	4,412,464	0	4,412,464
7. Preliminary Medical Loss Ratio: MLR ((Lines 4 + 5.0 + 6.6 - Footnote 2.0)/Line 1.8	1.070	0.770	0.910	0.000	0.000	0.000	0.000	0.000	0.000	XXX	XXX	0.728	XXX	XXX	XXX
8. Claims Adjustment Expenses:															
8.1 Cost containment expenses not included in quality of care expenses in Line 6.6	12,396	1,386,664	2,324,570	0	0	0	0	0	0	0	126,418	662,394	4,512,443	0	4,512,443
8.2 All other claims adjustment expenses	25,022	2,091,100	3,196,324	0	0	0	0	0	0	0	1,713,799	3,197,526	10,223,770	0	10,223,770
8.3 Total claims adjustment expenses (Lines 8.1 + 8.2)	37,418	3,477,764	5,520,894	0	0	0	0	0	0	0	1,840,217	3,859,920	14,736,213	0	14,736,213
9. Claims Adjustment Expense Ratio (Line 8.3/Line 1.8)	0.020	0.030	0.030	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.016	0.090	XXX	XXX	XXX

SUPPLEMENT FOR THE YEAR 2018 OF THE UnitedHealthcare Insurance Company

SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 1 (Continued)

	Business Subject to MLR									10	11	12	13	14	15
	Comprehensive Health Coverage			Mini-Med Plans			Expatriate Plans		9						
	1 Individual	2 Small Group Employer	3 Large Group Employer	4 Individual	5 Small Group Employer	6 Large Group Employer	7 Small Group	8 Large Group	Student Health Plans	Government Business (excluded by statute)	Other Health Business	Medicare Advantage Part C and Medicare Part D Stand-Alone Subject to ACA	Subtotal (Cols. 1 through 12)	Uninsured Plans	Total 13 + 14
10. General and Administrative (G&A) Expenses:															
10.1 Direct sales salaries and benefits	3,906	462,795	964,416	0	0	0	0	0	0	0	240,896	92,937	1,764,951	0	1,764,951
10.2 Agents and brokers fees and commissions	39,910	4,541,195	1,110,946	0	0	0	0	0	0	0	4,454,190	347,825	10,494,066	0	10,494,066
10.3 Other taxes (excluding taxes on Lines 1.5 through 1.7 and Line 14 below)	862	105,897	217,532	0	0	0	0	0	0	0	213,002	97,691	634,983	0	634,983
10.4 Other general and administrative expenses	80,515	6,177,388	5,725,877	0	0	0	0	0	0	0	10,864,528	3,062,594	25,910,902	0	25,910,902
10.4a Community Benefit Expenditures (informational only)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
10.5 Total general and administrative (Lines 10.1 +10.2 + 10.3 + 10.4)	125,192	11,287,275	8,018,771	0	0	0	0	0	0	0	15,772,616	3,601,047	38,804,902	0	38,804,902
11. Underwriting Gain/(Loss) (Lines 1.12 - 5.7 - 6.6 - 8.3 - 10.5)	(290,169)	12,093,225	341,270	0	0	0	0	0	0	0	1,670,673	4,679,124	18,494,123	XXX	18,494,123
12. Income from fees of uninsured plans	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0
13. Net investment and other gain/(loss)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	6,813,306	XXX	6,813,306
14. Federal income taxes (excluding taxes on Line 1.5 above)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	(229,058)	XXX	(229,058)
15. Net gain or (loss) (Lines 11 + 12 + 13 - 14)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	25,536,487	XXX	25,536,486
16. ICD-10 Implementation Expenses (informational only; already included in general expenses and line 10.4)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
16. 16a ICD-10 Implementation Expenses (informational only; already included in line 10.4)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
OTHER INDICATORS:															
1. Number of certificates/policies	135	10,855	20,679	0	0	0	0	0	0	0	75,009	39,946	146,624	0	146,624
2. Number of Covered Lives	222	19,342	38,090	0	0	0	0	0	0	0	98,876	39,946	196,476	0	196,476
3. Number of Groups	XXX	1,688	389	XXX	0	0	0	0	0	0	1,152	4	3,233	0	3,233
4. Member Months	2,754	258,582	494,736	0	0	0	0	0	0	0	1,200,253	485,779	2,442,104	0	2,442,104

Is run off business reported in Columns 1 through 9 or 12? Yes [ ] No [ ] If yes, show the amount of premiums and claims included. Premiums $ 0 Claims $ 0

216-2.OK

AFFORDABLE CARE ACT (ACA) RECEIPTS, PAYMENTS, RECEIVABLES and PAYABLES

	Current Year Comprehensive Health Coverage		Prior Year Comprehensive Health Coverage	
	1 Individual Plans	2 Small Group Employer Plans	3 Individual Plans	4 Small Group Employer Plans
ACA Receivables and Payables				
1. Permanent ACA Risk Adjustment Program 1.0 Premium adjustments receivable/(payable)	78,308	(1,040,038)	(287,679)	(4,249,542)
2. Transitional ACA Reinsurance Program 2.0 Total amounts recoverable for claims (paid & unpaid)	0	XXX	0	XXX
3. Temporary ACA Risk Corridors Program 3.1 Accrued retrospective premium	0	0	0	0
3.2 Reserve for rate credits or policy experience refunds	0	0	0	0
ACA Receipts and Payments				
4. Permanent ACA Risk Adjustment Program 4.0 Premium adjustments receipts/(payments)	(63,530)	(1,535,539)	14,775	(337,237)
5. Transitional ACA Reinsurance Program 5.0 Amounts received for claims	0	XXX	0	XXX
6. Temporary ACA Risk Corridors Program 6.1 Retrospective premium received	0	0	0	0
6.2 Rate credits or policy experience refunds paid	0	0	0	0

SUPPLEMENT FOR THE YEAR 2018 OF THE UnitedHealthcare Insurance Company

SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 2

(To Be Filed by April 1 - Not for Rebate Purposes)

REPORT FOR: 1. CORPORATION UnitedHealthcare Insurance Company 2. 185 Asylum Street Hartford, CT 061033408 (LOCATION)

NAIC Group Code 0707 BUSINESS IN THE STATE OF Oklahoma DURING THE YEAR 2018 NAIC Company Code 79413

	Business Subject to MLR									10	11	12	13
	Comprehensive Health Coverage			Mini-Med Plans			Expatriate Plans:		9				
	1 Individual	2 Small Group Employer	3 Large Group Employer	4 Individual	5 Small Group Employer	6 Large Group Employer	7 Small Group	8 Large Group	Student Health Plans	Government Business (excluded by statute)	Other Health Business	Medicare Advantage Part C and Medicare Part D Stand-Alone Subject to ACA	Total (a)
1. Health Premiums Earned:													
1.1 Direct premiums written	1,823,021	125,925,836	195,512,457	0	0	0	0	0	0	0	119,419,454	45,590,845	488,271,612
1.2 Unearned premium prior year	0	25,481	0	0	0	0	0	0	0	0	3,141	0	28,622
1.3 Unearned premium current year	0	5,444	0	0	0	0	0	0	0	0	2,870	0	8,315
1.4 Change in unearned premium (Lines 1.2 - 1.3)	0	20,037	0	0	0	0	0	0	0	0	271	0	20,307
1.5 Paid rate credits	(410,606)	1,377,428	11,056	0	0	0	0	0	0	0	(6,905,109)	1,123,095	(4,804,137)
1.6 Reserve for rate credits current year	0	1,648,884	0	0	0	0	0	0	0	0	103,106	1,588,078	3,340,068
1.7 Reserve for rate credits prior year	0	0	0	0	0	0	0	0	0	0	123,062	1,447,561	1,570,623
1.8 Change in reserve for rate credits (Lines 1.6 - 1.7)	0	1,648,884	0	0	0	0	0	0	0	0	(19,956)	140,517	1,769,445
1.9 Premium balances written off	0	34,364	801,715	0	0	0	0	0	0	0	1,837	501,699	1,339,616
1.10 Group conversion charge	0	0	0	0	0	0	0	0	0	0	0	0	0
1.11 Total direct premiums earned (Lines 1.1 + 1.4 - 1.9 + 1.10)	1,823,021	125,911,509	194,710,741	0	0	0	0	0	0	0	119,417,887	45,089,145	486,952,304
1.12 Assumed premiums earned from non-affiliates	0	0	0	0	0	0	0	0	0	0	0	0	0
1.13 Net Assumed less Ceded premiums earned from affiliates	0	0	0	0	0	0	0	0	0	0	0	0	0
1.14 Ceded premiums earned to non-affiliates	0	0	27,580,437	0	0	0	0	0	0	0	135,818	0	27,716,255
1.15 Other Adjustments due to MLR calculation - Premiums	0	34,364	801,715	0	0	0	0	0	0	0	1,837	501,699	1,339,616
1.16 Net premiums earned (Lines 1.11 - 1.5 - 1.8 + 1.12 + 1.13 - 1.14 + 1.15)	2,233,627	122,919,561	167,920,963	0	0	0	0	0	0	0	126,208,972	44,327,233	463,610,357
2. Direct Claims Incurred:													
2.1 Paid claims during the year	2,545,671	85,037,456	163,744,467	0	0	0	0	0	0	32,333	101,596,602	31,102,116	384,058,645
2.2 Direct claim liability current year	73,095	11,765,887	20,133,390	0	0	0	0	0	0	(32,333)	13,104,070	1,401,737	46,445,846
2.3 Direct claim liability prior year	148,267	11,187,384	17,601,148	0	0	0	0	0	0	0	12,283,123	3,046,160	44,266,082
2.4 Direct claim reserves current year	15,226	311,001	516,913	0	0	0	0	0	0	0	4,318,007	260	5,161,407
2.5 Direct claim reserves prior year	10,381	268,946	448,038	0	0	0	0	0	0	0	4,048,547	304	4,776,216
2.6 Direct contract reserves current year	223,994	0	0	0	0	0	0	0	0	0	49,811	0	273,805
2.7 Direct contract reserves prior year	345,405	0	0	0	0	0	0	0	0	0	51,877	0	397,282
2.8 Paid rate credits	(410,606)	1,377,428	11,056	0	0	0	0	0	0	0	(6,905,109)	1,123,095	(4,804,137)
2.9 Reserve for rate credits current year	0	1,648,884	0	0	0	0	0	0	0	0	103,106	1,588,078	3,340,068
2.10 Reserve for rate credits prior year	0	0	0	0	0	0	0	0	0	0	123,062	1,447,561	1,570,623
2.11 Incurred medical incentive pools and bonuses (Lines 2.11a + 2.11b - 2.11c)	0	90,518	523,657	0	0	0	0	0	0	0	0	(13,595)	600,580
2.11a Paid medical incentive pools and bonuses current year	0	10,964	56,691	0	0	0	0	0	0	0	0	0	67,655
2.11b Accrued medical incentive pools and bonuses current year	0	182,477	581,224	0	0	0	0	0	0	0	0	0	763,701
2.11c Accrued medical incentive pools and bonuses prior year	0	102,923	114,258	0	0	0	0	0	0	0	0	13,595	230,775
2.12 Net healthcare receivables (Lines 2.12a - 2.12b)	1,525	55,682	(645,359)	0	0	0	0	0	0	0	5,571	(63,895)	(646,476)
2.12a Healthcare receivables current year	1,525	3,002,928	4,185,036	0	0	0	0	0	0	0	9,105	14,615,381	21,813,974
2.12b Healthcare receivables prior year	0	2,947,246	4,830,396	0	0	0	0	0	0	0	3,534	14,679,275	22,460,451
2.13 Group conversion charge	0	0	0	0	0	0	0	0	0	0	0	0	0
2.14 Multi-option coverage blended rate adjustment	0	0	0	0	0	0	0	0	0	0	0	0	0
2.15 Total incurred claims (Lines 2.1 + 2.2 - 2.3 + 2.4 - 2.5 + 2.6 - 2.7 + 2.8 + 2.9 - 2.10 + 2.11 - 2.12 + 2.13 + 2.14)	1,941,802	88,719,163	167,525,656	0	0	0	0	0	0	0	95,754,306	30,771,561	384,712,488
2.16 Assumed incurred claims from non-affiliates	0	0	0	0	0	0	0	0	0	0	0	0	0
2.17 Net assumed less ceded incurred claims from affiliates	0	0	0	0	0	0	0	0	0	0	0	0	0
2.18 Ceded incurred claims to non-affiliates	0	0	23,978,094	0	0	0	0	0	0	0	18,416	0	23,996,509
2.19 Other adjustments due to MLR calculation - Claims	0	0	0	0	0	0	0	0	0	0	0	0	0
2.20 Net Incurred Claims (Lines 2.15 - 2.8 - 2.9 + 2.10 + 2.16 + 2.17 - 2.18 + 2.19)	2,352,408	85,692,851	143,536,506	0	0	0	0	0	0	0	102,660,956	29,507,949	363,750,670
3. Fraud and Abuse Recoveries that Reduced PAID Claims in Line 2.1 above (informational only)	0	4,014	28,009	0	0	0	0	0	0	0	0	25	32,048

(a) Column 13, Line 1.1 includes direct written premium of $ 6,615,353 for stand-alone dental and $ 1,169,824 for stand-alone vision policies.

SUPPLEMENT FOR THE YEAR 2018 OF THE UnitedHealthcare Insurance Company

SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 3

(To Be Filed by April 1 - Not for Rebate Purposes)

REPORT FOR: 1. CORPORATION UnitedHealthcare Insurance Company 2. 185 Asylum Street Hartford, CT 061033408 (LOCATION)

NAIC Group Code 0707 BUSINESS IN THE STATE OF Oklahoma DURING THE YEAR 2018 NAIC Company Code 79413

	All Expenses	Improving Health Care Quality Expenses						Claims Adjustment Expenses		9	10
		1 Improve Health Outcomes	2 Activities to Prevent Hospital Readmissions	3 Improve Patient Safety and Reduce Medical Errors	4 Wellness & Health Promotion Activities	5 HIT Expenses	6 Total (1 to 5)	7 Cost Containment Expenses	8 Other Claims Adjustment Expenses	General Administrative Expenses	Total Expenses (6 to 9)
1.	Individual Comprehensive Coverage Expenses:										
	1.1 Salaries (including $ 42,050 for affiliated services)	0	0	0	0	0	0	3,484	9,226	29,340	42,050
	1.2 Outsourced Services	0	0	0	0	0	0	433	677	2,165	3,276
	1.3 EDP Equipment and Software (incl $ 2,377 for affiliated services)	0	0	0	0	0	0	291	485	1,601	2,377
	1.4 Other Equipment (excl. EDP) (incl $ 228 for affiliated services)	0	0	0	0	0	0	28	47	138	212
	1.5 Accreditation and Certification (incl $ 25 for affiliated services)	0	XXX	XXX	XXX	XXX	0	3	5	17	25
	1.6 Other Expenses (incl $ 70,075 for affiliated services)	14,584	0	0	0	0	14,584	7,793	14,195	90,793	127,365
	1.7 Subtotal before Reimbursements and Taxes (Lines 1.1 to 1.6)	14,584	0	0	0	0	14,584	12,032	24,634	124,054	175,305
	1.8 Reimbursements by uninsured plans and fiscal intermediaries	0	0	0	0	0	0	0	0	0	0
	1.9 Taxes, Licenses and Fees (in total, for tying purposes)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	33,126	33,126
	1.10 Total (1.7 to 1.9)	14,584	0	0	0	0	14,584	12,032	24,634	157,180	208,430
	1.11 Total Fraud and Abuse Detection/Recovery Expenses included in Column 7 (informational only)	0	0	0	0	0	0	3,144	0	0	3,144
2.	Small Group Comprehensive Coverage Expenses:										
	2.1 Salaries (including $ 3,080,952 for affiliated services)	0	0	0	0	0	0	363,392	593,962	2,123,598	3,080,952
	2.2 Outsourced Services	0	0	0	0	0	0	108,180	68,069	237,592	413,841
	2.3 EDP Equipment and Software (incl $ 220,018 for affiliated services)	0	0	0	0	0	0	30,345	49,599	140,075	220,018
	2.4 Other Equipment (excl. EDP) (incl $ 21,119 for affiliated services)	0	0	0	0	0	0	2,913	4,761	13,446	21,119
	2.5 Accreditation and Certification (incl $ 2,293 for affiliated services)	0	XXX	XXX	XXX	XXX	0	316	517	1,460	2,293
	2.6 Other Expenses (incl $ 6,884,111 for affiliated services)	1,007,292	0	0	0	0	1,007,292	838,472	1,328,435	8,632,507	11,806,706
	2.7 Subtotal before Reimbursements and Taxes (Lines 2.1 to 2.6)	1,007,292	0	0	0	0	1,007,292	1,343,618	2,045,342	11,148,677	15,544,929
	2.8 Reimbursements by uninsured plans and fiscal intermediaries	0	0	0	0	0	0	0	0	0	0
	2.9 Taxes, Licenses and Fees (in total, for tying purposes)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	2,860,278	2,860,278
	2.10 Total (2.7 to 2.9)	1,007,292	0	0	0	0	1,007,292	1,343,618	2,045,342	14,008,955	18,405,207
	2.11 Total Fraud and Abuse Detection/Recovery Expenses included in Column 7 (informational only)	0	0	0	0	0	0	371,867	0	0	371,867
3.	Large Group Comprehensive Coverage Expenses:										
	3.1 Salaries (including $ 4,275,993 for affiliated services)	0	0	0	0	0	0	610,550	909,622	2,755,821	4,275,993
	3.2 Outsourced Services	0	0	0	0	0	0	179,795	104,245	298,179	582,218
	3.3 EDP Equipment and Software (incl $ 279,428 for affiliated services)	0	0	0	0	0	0	50,984	75,958	152,487	279,428
	3.4 Other Equipment (excl. EDP) (incl $ 26,822 for affiliated services)	0	0	0	0	0	0	4,894	7,291	14,637	26,822
	3.5 Accreditation and Certification (incl $ 2,912 for affiliated services)	0	XXX	XXX	XXX	XXX	0	531	792	1,589	2,912
	3.6 Other Expenses (incl $ 9,595,313 for affiliated services)	1,557,686	0	0	0	0	1,557,686	1,404,858	2,034,431	4,514,953	9,511,927
	3.7 Subtotal before Reimbursements and Taxes (Lines 3.1 to 3.6)	1,557,686	0	0	0	0	1,557,686	2,251,611	3,132,338	7,737,665	14,679,301
	3.8 Reimbursements by uninsured plans and fiscal intermediaries	0	0	0	0	0	0	0	0	0	0
	3.9 Taxes, Licenses and Fees (in total, for tying purposes)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	4,185,373	4,185,373
	3.10 Total (3.7 to 3.9)	1,557,686	0	0	0	0	1,557,686	2,251,611	3,132,338	11,923,039	18,864,674
	3.11 Total Fraud and Abuse Detection/Recovery Expenses included in Column 7 (informational only)	0	0	0	0	0	0	670,351	0	0	670,351

SUPPLEMENT FOR THE YEAR 2018 OF THE UnitedHealthcare Insurance Company

SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 3 (Continued)

	All Expenses	Improving Health Care Quality Expenses						Claims Adjustment Expenses		9	10
		1 Improve Health Outcomes	2 Activities to Prevent Hospital Readmissions	3 Improve Patient Safety and Reduce Medical Errors	4 Wellness & Health Promotion Activities	5 HIT Expenses	6 Total (1 to 5)	7 Cost Containment Expenses	8 Other Claims Adjustment Expenses	General Administrative Expenses	Total Expenses (6 to 9)
4.	Individual Mini-Med Plans Expenses:										
	4.1 Salaries (including $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	4.2 Outsourced Services	0	0	0	0	0	0	0	0	0	0
	4.3 EDP Equipment and Software (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	4.4 Other Equipment (excl. EDP) (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	4.5 Accreditation and Certification (incl $ 0 for affiliated services)	0	XXX	XXX	XXX	XXX	0	0	0	0	0
	4.6 Other Expenses (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	4.7 Subtotal before Reimbursements and Taxes (Lines 4.1 to 4.6)	0	0	0	0	0	0	0	0	0	0
	4.8 Reimbursements by uninsured plans and fiscal intermediaries	0	0	0	0	0	0	0	0	0	0
	4.9 Taxes, Licenses and Fees (in total, for tying purposes)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0
	4.10 Total (4.7 to 4.9)	0	0	0	0	0	0	0	0	0	0
	4.11 Total Fraud and Abuse Detection/Recovery Expenses included in Column 7 (informational only)	0	0	0	0	0	0	0	0	0	0
5.	Small Group Mini-Med Plans Expenses:										
	5.1 Salaries (including $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	5.2 Outsourced Services	0	0	0	0	0	0	0	0	0	0
	5.3 EDP Equipment and Software (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	5.4 Other Equipment (excl. EDP) (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	5.5 Accreditation and Certification (incl $ 0 for affiliated services)	0	XXX	XXX	XXX	XXX	0	0	0	0	0
	5.6 Other Expenses (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	5.7 Subtotal before Reimbursements and Taxes (Lines 5.1 to 5.6)	0	0	0	0	0	0	0	0	0	0
	5.8 Reimbursements by uninsured plans and fiscal intermediaries	0	0	0	0	0	0	0	0	0	0
	5.9 Taxes, Licenses and Fees (in total, for tying purposes)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0
	5.10 Total (5.7 to 5.9)	0	0	0	0	0	0	0	0	0	0
	5.11 Total Fraud and Abuse Detection/Recovery Expenses included in Column 7 (informational only)	0	0	0	0	0	0	0	0	0	0
6.	Large Group Mini-Med Plans Expenses:										
	6.1 Salaries (including $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	6.2 Outsourced Services	0	0	0	0	0	0	0	0	0	0
	6.3 EDP Equipment and Software (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	6.4 Other Equipment (excl. EDP) (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	6.5 Accreditation and Certification (incl $ 0 for affiliated services)	0	XXX	XXX	XXX	XXX	0	0	0	0	0
	6.6 Other Expenses (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	6.7 Subtotal before Reimbursements and Taxes (Lines 6.1 to 6.6)	0	0	0	0	0	0	0	0	0	0
	6.8 Reimbursements by uninsured plans and fiscal intermediaries	0	0	0	0	0	0	0	0	0	0
	6.9 Taxes, Licenses and Fees (in total, for tying purposes)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0
	6.10 Total (6.7 to 6.9)	0	0	0	0	0	0	0	0	0	0
	6.11 Total Fraud and Abuse Detection/Recovery Expenses included in Column 7 (informational only)	0	0	0	0	0	0	0	0	0	0

SUPPLEMENT FOR THE YEAR 2018 OF THE UnitedHealthcare Insurance Company

SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 3 (Continued)

	All Expenses	Improving Health Care Quality Expenses						Claims Adjustment Expenses		9	10
		1 Improve Health Outcomes	2 Activities to Prevent Hospital Readmissions	3 Improve Patient Safety and Reduce Medical Errors	4 Wellness & Health Promotion Activities	5 HIT Expenses	6 Total (1 to 5)	7 Cost Containment Expenses	8 Other Claims Adjustment Expenses	General Administrative Expenses	Total Expenses (6 to 9)
7.	Small Group Expatriate Plans Expenses:										
	7.1 Salaries (including $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	7.2 Outsourced Services	0	0	0	0	0	0	0	0	0	0
	7.3 EDP Equipment and Software (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	7.4 Other Equipment (excl. EDP) (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	7.5 Accreditation and Certification (incl $ 0 for affiliated services)	0	XXX	XXX	XXX	XXX	0	0	0	0	0
	7.6 Other Expenses (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	7.7 Subtotal before Reimbursements and Taxes (Lines 7.1 to 7.6)	0	0	0	0	0	0	0	0	0	0
	7.8 Reimbursements by uninsured plans and fiscal intermediaries	0	0	0	0	0	0	0	0	0	0
	7.9 Taxes, Licenses and Fees (in total, for tying purposes)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0
	7.10 Total (7.7 to 7.9)	0	0	0	0	0	0	0	0	0	0
	7.11 Total Fraud and Abuse Detection/Recovery Expenses included in Column 7 (informational only)	0	0	0	0	0	0	0	0	0	0
8.	Large Group Expatriate Plans Expenses:										
	8.1 Salaries (including $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	8.2 Outsourced Services	0	0	0	0	0	0	0	0	0	0
	8.3 EDP Equipment and Software (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	8.4 Other Equipment (excl. EDP) (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	8.5 Accreditation and Certification (incl $ 0 for affiliated services)	0	XXX	XXX	XXX	XXX	0	0	0	0	0
	8.6 Other Expenses (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	8.7 Subtotal before Reimbursements and Taxes (Lines 8.1 to 8.6)	0	0	0	0	0	0	0	0	0	0
	8.8 Reimbursements by uninsured plans and fiscal intermediaries	0	0	0	0	0	0	0	0	0	0
	8.9 Taxes, Licenses and Fees (in total, for tying purposes)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0
	8.10 Total (8.7 to 8.9)	0	0	0	0	0	0	0	0	0	0
	8.11 Total Fraud and Abuse Detection/Recovery Expenses included in Column 7 (informational only)	0	0	0	0	0	0	0	0	0	0
9.	Student Health Plans Expenses:										
	9.1 Salaries (including $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	9.2 Outsourced Services	0	0	0	0	0	0	0	0	0	0
	9.3 EDP Equipment and Software (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	9.4 Other Equipment (excl. EDP) (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	9.5 Accreditation and Certification (incl $ 0 for affiliated services)	0	XXX	XXX	XXX	XXX	0	0	0	0	0
	9.6 Other Expenses (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	9.7 Subtotal before Reimbursements and Taxes (Lines 9.1 to 9.6)	0	0	0	0	0	0	0	0	0	0
	9.8 Reimbursements by uninsured plans and fiscal intermediaries	0	0	0	0	0	0	0	0	0	0
	9.9 Taxes, Licenses and Fees (in total, for tying purposes)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0
	9.10 Total (9.7 to 9.9)	0	0	0	0	0	0	0	0	0	0
	9.11 Total Fraud and Abuse Detection/Recovery Expenses included in Column 7 (informational only)	0	0	0	0	0	0	0	0	0	0

SUPPLEMENT FOR THE YEAR 2018 OF THE UnitedHealthcare Insurance Company

SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 1

(To Be Filed by April 1 - Not for Rebate Purposes - See Cautionary Statement at http://www.naic.org/documents/committees_e_app_blanks_related_shce_cautionary_statement.pdf)

REPORT FOR: 1. CORPORATION UnitedHealthcare Insurance Company 2. 185 Asylum Street Hartford, CT 061033408 (LOCATION)

NAIC Group Code 0707 BUSINESS IN THE STATE OF Oregon DURING THE YEAR 2018 NAIC Company Code 79413

	Business Subject to MLR									10	11	12	13	14	15
	Comprehensive Health Coverage			Mini-Med Plans			Expatriate Plans		9						
	1 Individual	2 Small Group Employer	3 Large Group Employer	4 Individual	5 Small Group Employer	6 Large Group Employer	7 Small Group	8 Large Group	Student Health Plans	Government Business (excluded by statute)	Other Health Business	Medicare Advantage Part C and Medicare Part D Stand-Alone Subject to ACA	Subtotal (Cols. 1 through 12)	Uninsured Plans	Total 13 + 14
1. Premium:															
1.1 Health premiums earned (From Part 2, Line 1.11)	825,163	94,982,079	168,742,186	0	0	0	0	0	0	0	143,924,406	183,144,562	591,618,395	XXX	591,618,395
1.2 Federal high risk pools	0	0	0	0	0	0	0	0	0	0	0	0	0	XXX	0
1.3 State high risk pools	(3,023)	(680,355)	(1,117,177)	0	0	0	0	0	0	0	18,701	0	(1,781,854)	XXX	(1,781,854)
1.4 Premiums earned including state and federal high risk programs (Lines 1.1 + 1.2 + 1.3)	822,140	94,301,724	167,625,009	0	0	0	0	0	0	0	143,943,107	183,144,562	589,836,542	XXX	589,836,542
1.5 Federal taxes and federal assessments	124,078	2,118,947	4,210,296	0	0	0	0	0	0	0	822,947	7,579,675	14,855,943	0	14,855,943
1.6 State insurance, premium and other taxes (Similar local taxes of $ 2,679,319)	40,958	1,320,467	2,428,424	0	0	0	0	0	0	0	2,414,241	1,487,179	7,691,270	0	7,691,270
1.6a Community Benefit Expenditures (informational only)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
1.7 Regulatory authority licenses and fees	86	19,190	9,648	0	0	0	0	0	0	0	(26,304)	0	2,619	0	2,619
1.8 Adjusted Premiums Earned (Lines 1.4 - 1.5 - 1.6 - 1.7)	657,017	90,843,121	160,976,641	0	0	0	0	0	0	0	140,732,223	174,077,708	567,286,709	XXX	567,286,709
1.9 Net Assumed less Ceded reinsurance premiums earned	0	0	(23,809,551)	0	0	0	0	0	0	0	(158,088)	0	(23,967,639)	XXX	(23,967,639)
1.10 Other Adjustments due to MLR calculations - Premiums	0	4,294	5	0	0	0	0	0	0	0	54	394,964	399,317	XXX	399,317
1.11 Risk Revenue	0	0	0	0	0	0	0	0	0	0	0	0	0	XXX	0
1.12 Net adjusted premiums earned after reinsurance (Lines 1.8 + 1.9 + 1.10 + 1.11)	657,017	90,847,415	137,167,094	0	0	0	0	0	0	0	140,574,189	174,472,671	543,718,386	XXX	543,718,386
2. Claims:															
2.1 Incurred claims excluding prescription drugs	148,382	67,385,902	123,637,805	0	0	0	0	0	0	0	113,627,716	104,735,568	409,535,373	XXX	409,535,373
2.2 Prescription drugs	36,158	14,212,362	25,253,571	0	0	0	0	0	0	0	1,949,709	76,947,120	118,398,920	XXX	118,398,920
2.3 Pharmaceutical rebates	11,429	4,529,715	8,189,996	0	0	0	0	0	0	0	29,005	40,305,484	53,065,630	XXX	53,065,630
2.4 State stop loss, market stabilization and claim/census based assessments (informational only)	3	59,571	50,655	0	0	0	0	0	0	0	5	0	110,233	XXX	110,233
3. Incurred medical incentive pools and bonuses	0	22,863	129,451	0	0	0	0	0	0	0	0	707,745	860,059	XXX	860,059
4. Deductible Fraud and Abuse Detection/Recovery Expenses (for MLR use only)	24	10,438	151,409	0	0	0	0	0	0	0	0	13,440	175,310	0	175,310
5. 5.0 Total Incurred Claims (Lines 2.1 + 2.2 - 2.3 + 3) (From Part 2, Line 2.15)	173,111	77,091,412	140,830,830	0	0	0	0	0	0	0	115,548,420	142,084,948	475,728,721	XXX	475,728,721
5.1 Net Assumed less Ceded reinsurance claims incurred	0	0	(19,247,649)	0	0	0	0	0	0	0	(247,745)	0	(19,495,393)	XXX	(19,495,393)
5.2 Other Adjustments due to MLR calculations - Claims	0	0	0	0	0	0	0	0	0	0	0	0	0	XXX	0
5.3 Rebates paid	0	0	0	0	0	0	0	0	0	XXX	XXX	0	0	XXX	0
5.4 Estimated rebates unpaid prior year	0	0	0	0	0	0	0	0	0	XXX	XXX	0	0	XXX	0
5.5 Estimated rebates unpaid current year	0	0	0	0	0	0	0	0	0	XXX	XXX	0	0	XXX	0
5.6 Fee for service and co-pay revenue	0	0	0	0	0	0	0	0	0	0	0	0	0	XXX	0
5.7 Net incurred claims after reinsurance (Lines 5.0 + 5.1 + 5.2 + 5.3 - 5.4 + 5.5 - 5.6)	173,111	77,091,412	121,583,182	0	0	0	0	0	0	0	115,300,675	142,084,948	456,233,328	XXX	456,233,328
6. Improving Health Care Quality Expenses Incurred:															
6.1 Improve health outcomes	6,601	759,857	1,349,937	0	0	0	0	0	0	0	381,993	1,031,892	3,530,281	0	3,530,281
6.2 Activities to prevent hospital readmissions	0	0	0	0	0	0	0	0	0	0	215,455	264,492	479,947	0	479,947
6.3 Improve patient safety and reduce medical errors	0	0	0	0	0	0	0	0	0	0	163,423	270,275	433,699	0	433,699
6.4 Wellness and health promotion activities	0	0	0	0	0	0	0	0	0	0	965,020	396,358	1,361,378	0	1,361,378
6.5 Health Information Technology expenses related to health improvement	0	0	0	0	0	0	0	0	0	0	83,099	546,566	629,665	0	629,665
6.6 Total of Defined Expenses Incurred for Improving Health Care Quality (Lines 6.1+6.2+6.3+6.4+6.5)	6,601	759,857	1,349,937	0	0	0	0	0	0	0	1,808,991	2,509,584	6,434,970	0	6,434,970
7. Preliminary Medical Loss Ratio: MLR ((Lines 4 + 5.0 + 6.6 - Footnote 2.0)/Line 1.8	0.274	0.857	0.884	0.000	0.000	0.000	0.000	0.000	0.000	XXX	XXX	0.831	XXX	XXX	XXX
8. Claims Adjustment Expenses:															
8.1 Cost containment expenses not included in quality of care expenses in Line 6.6	4,754	1,153,023	2,092,163	0	0	0	0	0	0	0	113,023	1,144,834	4,507,796	0	4,507,796
8.2 All other claims adjustment expenses	7,492	1,699,402	2,672,028	0	0	0	0	0	0	0	1,917,858	3,539,951	9,836,732	0	9,836,732
8.3 Total claims adjustment expenses (Lines 8.1 + 8.2)	12,246	2,852,425	4,764,191	0	0	0	0	0	0	0	2,030,881	4,684,785	14,344,528	0	14,344,528
9. Claims Adjustment Expense Ratio (Line 8.3/Line 1.8)	0.019	0.031	0.030	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.014	0.027	XXX	XXX	XXX

SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 1 (Continued)

	Business Subject to MLR									10	11	12	13	14	15
	Comprehensive Health Coverage			Mini-Med Plans			Expatriate Plans		9						
	1 Individual	2 Small Group Employer	3 Large Group Employer	4 Individual	5 Small Group Employer	6 Large Group Employer	7 Small Group	8 Large Group	Student Health Plans	Government Business (excluded by statute)	Other Health Business	Medicare Advantage Part C and Medicare Part D Stand-Alone Subject to ACA	Subtotal (Cols. 1 through 12)	Uninsured Plans	Total 13 + 14
10. General and Administrative (G&A) Expenses:															
10.1 Direct sales salaries and benefits	1,707	407,027	884,778	0	0	0	0	0	0	0	213,940	304,708	1,812,160	0	1,812,160
10.2 Agents and brokers fees and commissions	13,010	3,072,897	1,988,396	0	0	0	0	0	0	0	5,625,960	2,198,833	12,899,096	0	12,899,096
10.3 Other taxes (excluding taxes on Lines 1.5 through 1.7 and Line 14 below)	(458)	143,060	216,023	0	0	0	0	0	0	0	139,727	266,352	764,704	0	764,704
10.4 Other general and administrative expenses	20,288	5,343,089	5,138,025	0	0	0	0	0	0	0	13,045,266	8,610,151	32,156,820	0	32,156,820
10.4a Community Benefit Expenditures (informational only)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
10.5 Total general and administrative (Lines 10.1 +10.2 + 10.3 + 10.4)	34,547	8,966,073	8,227,222	0	0	0	0	0	0	0	19,024,893	11,380,045	47,632,780	0	47,632,780
11. Underwriting Gain/(Loss) (Lines 1.12 - 5.7 - 6.6 - 8.3 - 10.5)	430,511	1,177,648	1,242,563	0	0	0	0	0	0	0	2,408,748	13,813,310	19,072,780	XXX	19,072,780
12. Income from fees of uninsured plans	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0
13. Net investment and other gain/(loss)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	8,244,967	XXX	8,244,967
14. Federal income taxes (excluding taxes on Line 1.5 above)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	483,181	XXX	483,181
15. Net gain or (loss) (Lines 11 + 12 + 13 - 14)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	26,834,566	XXX	26,834,566
16. ICD-10 Implementation Expenses (informational only; already included in general expenses and line 10.4)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
16. 16a ICD-10 Implementation Expenses (informational only; already included in line 10.4)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
OTHER INDICATORS:															
1. Number of certificates/policies	50	12,240	20,398	0	0	0	0	0	0	0	95,415	46,751	174,854	0	174,854
2. Number of Covered Lives	81	19,716	34,448	0	0	0	0	0	0	0	128,728	46,751	229,724	0	229,724
3. Number of Groups	XXX	1,836	471	XXX	0	0	0	0	0	0	1,517	0	3,824	0	3,824
4. Member Months	955	227,870	429,432	0	0	0	0	0	0	0	1,551,428	561,004	2,770,689	0	2,770,689

Is run off business reported in Columns 1 through 9 or 12? Yes [ ] No [ ] If yes, show the amount of premiums and claims included. Premiums $ 0 Claims $ 0

AFFORDABLE CARE ACT (ACA) RECEIPTS, PAYMENTS, RECEIVABLES and PAYABLES

	Current Year Comprehensive Health Coverage		Prior Year Comprehensive Health Coverage	
	1 Individual Plans	2 Small Group Employer Plans	3 Individual Plans	4 Small Group Employer Plans
ACA Receivables and Payables				
1. Permanent ACA Risk Adjustment Program 1.0 Premium adjustments receivable/(payable)	423,986	(289,834)	53,546	(603,581)
2. Transitional ACA Reinsurance Program 2.0 Total amounts recoverable for claims (paid & unpaid)	0	XXX	0	XXX
3. Temporary ACA Risk Corridors Program 3.1 Accrued retrospective premium	0	0	0	0
3.2 Reserve for rate credits or policy experience refunds	0	0	0	0
ACA Receipts and Payments				
4. Permanent ACA Risk Adjustment Program 4.0 Premium adjustments receipts/(payments)	38,562	1,241,057	17,898	9,563
5. Transitional ACA Reinsurance Program 5.0 Amounts received for claims	0	XXX	0	XXX
6. Temporary ACA Risk Corridors Program 6.1 Retrospective premium received	0	0	0	0
6.2 Rate credits or policy experience refunds paid	0	0	0	0

SUPPLEMENT FOR THE YEAR 2018 OF THE UnitedHealthcare Insurance Company

SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 2

(To Be Filed by April 1 - Not for Rebate Purposes)

REPORT FOR: 1. CORPORATION UnitedHealthcare Insurance Company 2. 185 Asylum Street Hartford, CT 061033408 (LOCATION)

NAIC Group Code 0707 BUSINESS IN THE STATE OF Oregon DURING THE YEAR 2018 NAIC Company Code 79413

	Business Subject to MLR												
	Comprehensive Health Coverage			Mini-Med Plans			Expatriate Plans:		9	10	11	12	13
	1	2	3	4	5	6	7	8					
	Individual	Small Group Employer	Large Group Employer	Individual	Small Group Employer	Large Group Employer	Small Group	Large Group	Student Health Plans	Government Business (excluded by statute)	Other Health Business	Medicare Advantage Part C and Medicare Part D Stand-Alone Subject to ACA	Total (a)
1. Health Premiums Earned:													
1.1 Direct premiums written	825,163	94,987,092	168,742,191	0	0	0	0	0	0	0	144,477,150	183,539,525	592,571,122
1.2 Unearned premium prior year	0	1,496	0	0	0	0	0	0	0	0	(552,374)	0	(550,877)
1.3 Unearned premium current year	0	2,216	0	0	0	0	0	0	0	0	317	0	2,532
1.4 Change in unearned premium (Lines 1.2 - 1.3)	0	(719)	0	0	0	0	0	0	0	0	(552,691)	0	(553,410)
1.5 Paid rate credits	70	0	(70)	0	0	0	0	0	0	0	(3,064,837)	418,181	(2,646,657)
1.6 Reserve for rate credits current year	0	0	160,521	0	0	0	0	0	0	0	770,078	589,518	1,520,117
1.7 Reserve for rate credits prior year	0	0	59,867	0	0	0	0	0	0	0	886,070	2,173,906	3,119,842
1.8 Change in reserve for rate credits (Lines 1.6 - 1.7)	0	0	100,654	0	0	0	0	0	0	0	(115,991)	(1,584,388)	(1,599,725)
1.9 Premium balances written off	0	4,294	5	0	0	0	0	0	0	0	54	394,964	399,317
1.10 Group conversion charge	0	0	0	0	0	0	0	0	0	0	0	0	0
1.11 Total direct premiums earned (Lines 1.1 + 1.4 - 1.9 + 1.10)	825,163	94,982,079	168,742,186	0	0	0	0	0	0	0	143,924,406	183,144,562	591,618,395
1.12 Assumed premiums earned from non-affiliates	0	0	0	0	0	0	0	0	0	0	0	0	0
1.13 Net Assumed less Ceded premiums earned from affiliates	0	0	0	0	0	0	0	0	0	0	0	0	0
1.14 Ceded premiums earned to non-affiliates	0	0	23,809,551	0	0	0	0	0	0	0	158,088	0	23,967,639
1.15 Other Adjustments due to MLR calculation - Premiums	0	4,294	5	0	0	0	0	0	0	0	54	394,964	399,317
1.16 Net premiums earned (Lines 1.11 - 1.5 - 1.8 + 1.12 + 1.13 - 1.14 + 1.15)	825,093	94,986,373	144,832,056	0	0	0	0	0	0	0	146,947,200	184,705,732	572,296,454
2. Direct Claims Incurred:													
2.1 Paid claims during the year	173,040	73,325,861	139,905,183	0	0	0	0	0	0	0	115,336,160	142,047,617	470,787,861
2.2 Direct claim liability current year	23	10,813,527	14,186,041	0	0	0	0	0	0	0	13,668,823	4,595,930	43,264,343
2.3 Direct claim liability prior year	21	6,725,962	13,545,041	0	0	0	0	0	0	0	11,912,373	4,217,768	36,401,165
2.4 Direct claim reserves current year	0	268,805	355,452	0	0	0	0	0	0	0	6,585,634	2,309	7,212,200
2.5 Direct claim reserves prior year	0	175,635	333,379	0	0	0	0	0	0	0	4,883,453	1,869	5,394,336
2.6 Direct contract reserves current year	0	0	0	0	0	0	0	0	0	0	134,162	0	134,162
2.7 Direct contract reserves prior year	0	0	0	0	0	0	0	0	0	0	190,945	0	190,945
2.8 Paid rate credits	70	0	(70)	0	0	0	0	0	0	0	(3,064,837)	418,181	(2,646,657)
2.9 Reserve for rate credits current year	0	0	160,521	0	0	0	0	0	0	0	770,078	589,518	1,520,117
2.10 Reserve for rate credits prior year	0	0	59,867	0	0	0	0	0	0	0	886,070	2,173,906	3,119,842
2.11 Incurred medical incentive pools and bonuses (Lines 2.11a + 2.11b - 2.11c)	0	22,863	129,451	0	0	0	0	0	0	0	0	707,745	860,059
2.11a Paid medical incentive pools and bonuses current year	0	10,230	21,741	0	0	0	0	0	0	0	0	415,498	447,470
2.11b Accrued medical incentive pools and bonuses current year	0	61,083	248,434	0	0	0	0	0	0	0	0	736,399	1,045,917
2.11c Accrued medical incentive pools and bonuses prior year	0	48,451	140,725	0	0	0	0	0	0	0	0	444,153	633,329
2.12 Net healthcare receivables (Lines 2.12a - 2.12b)	0	438,048	(32,539)	0	0	0	0	0	0	0	8,759	(117,192)	297,076
2.12a Healthcare receivables current year	0	1,962,985	2,967,887	0	0	0	0	0	0	0	8,994	14,180,383	19,120,249
2.12b Healthcare receivables prior year	0	1,524,937	3,000,426	0	0	0	0	0	0	0	235	14,297,574	18,823,172
2.13 Group conversion charge	0	0	0	0	0	0	0	0	0	0	0	0	0
2.14 Multi-option coverage blended rate adjustment	0	0	0	0	0	0	0	0	0	0	0	0	0
2.15 Total incurred claims (Lines 2.1 + 2.2 - 2.3 + 2.4 - 2.5 + 2.6 - 2.7 + 2.8 + 2.9 - 2.10 + 2.11 - 2.12 + 2.13 + 2.14)	173,111	77,091,412	140,830,830	0	0	0	0	0	0	0	115,548,420	142,084,948	475,728,721
2.16 Assumed incurred claims from non-affiliates	0	0	(231)	0	0	0	0	0	0	0	0	0	(231)
2.17 Net assumed less ceded incurred claims from affiliates	0	0	0	0	0	0	0	0	0	0	0	0	0
2.18 Ceded incurred claims to non-affiliates	0	0	19,247,418	0	0	0	0	0	0	0	247,745	0	19,495,163
2.19 Other adjustments due to MLR calculation - Claims	0	0	0	0	0	0	0	0	0	0	0	0	0
2.20 Net Incurred Claims (Lines 2.15 - 2.8 - 2.9 + 2.10 + 2.16 + 2.17 - 2.18 + 2.19)	173,041	77,091,412	121,482,597	0	0	0	0	0	0	0	118,481,504	143,251,155	460,479,709
3. Fraud and Abuse Recoveries that Reduced PAID Claims in Line 2.1 above (informational only)	24	10,438	151,409	0	0	0	0	0	0	0	0	13,440	175,310

(a) Column 13, Line 1.1 includes direct written premium of $ 5,322,488 for stand-alone dental and $ 1,430,680 for stand-alone vision policies.

SUPPLEMENT FOR THE YEAR 2018 OF THE UnitedHealthcare Insurance Company

SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 3

(To Be Filed by April 1 - Not for Rebate Purposes)

REPORT FOR: 1. CORPORATION UnitedHealthcare Insurance Company 2. 185 Asylum Street Hartford, CT 061033408 (LOCATION)

NAIC Group Code 0707 BUSINESS IN THE STATE OF Oregon DURING THE YEAR 2018 NAIC Company Code 79413

	All Expenses	Improving Health Care Quality Expenses						Claims Adjustment Expenses		9	10
		1 Improve Health Outcomes	2 Activities to Prevent Hospital Readmissions	3 Improve Patient Safety and Reduce Medical Errors	4 Wellness & Health Promotion Activities	5 HIT Expenses	6 Total (1 to 5)	7 Cost Containment Expenses	8 Other Claims Adjustment Expenses	General Administrative Expenses	Total Expenses (6 to 9)
1.	Individual Comprehensive Coverage Expenses:										
	1.1 Salaries (including $ 11,544 for affiliated services)	0	0	0	0	0	0	1,334	2,127	8,083	11,544
	1.2 Outsourced Services	0	0	0	0	0	0	153	244	738	1,134
	1.3 EDP Equipment and Software (incl $ 827 for affiliated services)	0	0	0	0	0	0	111	178	538	827
	1.4 Other Equipment (excl. EDP) (incl $ 79 for affiliated services)	0	0	0	0	0	0	11	17	52	79
	1.5 Accreditation and Certification (incl $ 9 for affiliated services)	0	XXX	XXX	XXX	XXX	0	1	2	6	9
	1.6 Other Expenses (incl $ 26,151 for affiliated services)	6,601	0	0	0	0	6,601	2,984	4,756	25,469	39,811
	1.7 Subtotal before Reimbursements and Taxes (Lines 1.1 to 1.6)	6,601	0	0	0	0	6,601	4,595	7,323	34,884	53,404
	1.8 Reimbursements by uninsured plans and fiscal intermediaries	0	0	0	0	0	0	0	0	0	0
	1.9 Taxes, Licenses and Fees (in total, for tying purposes)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	41,035	41,035
	1.10 Total (1.7 to 1.9)	6,601	0	0	0	0	6,601	4,595	7,323	75,919	94,439
	1.11 Total Fraud and Abuse Detection/Recovery Expenses included in Column 7 (informational only)	0	0	0	0	0	0	1,373	0	0	1,373
2.	Small Group Comprehensive Coverage Expenses:										
	2.1 Salaries (including $ 2,592,145 for affiliated services)	0	0	0	0	0	0	316,730	481,762	1,793,653	2,592,145
	2.2 Outsourced Services	0	0	0	0	0	0	38,235	55,211	171,469	264,914
	2.3 EDP Equipment and Software (incl $ 183,690 for affiliated services)	0	0	0	0	0	0	26,448	40,229	117,012	183,690
	2.4 Other Equipment (excl. EDP) (incl $ 17,632 for affiliated services)	0	0	0	0	0	0	2,539	3,862	11,232	17,632
	2.5 Accreditation and Certification (incl $ 1,915 for affiliated services)	0	XXX	XXX	XXX	XXX	0	276	419	1,220	1,915
	2.6 Other Expenses (incl $ 5,943,198 for affiliated services)	759,857	0	0	0	0	759,857	730,815	1,077,492	6,699,647	9,267,811
	2.7 Subtotal before Reimbursements and Taxes (Lines 2.1 to 2.6)	759,857	0	0	0	0	759,857	1,115,043	1,658,975	8,794,232	12,328,107
	2.8 Reimbursements by uninsured plans and fiscal intermediaries	0	0	0	0	0	0	0	0	0	0
	2.9 Taxes, Licenses and Fees (in total, for tying purposes)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1,589,904	1,589,904
	2.10 Total (2.7 to 2.9)	759,857	0	0	0	0	759,857	1,115,043	1,658,975	10,384,136	13,918,011
	2.11 Total Fraud and Abuse Detection/Recovery Expenses included in Column 7 (informational only)	0	0	0	0	0	0	328,003	0	0	328,003
3.	Large Group Comprehensive Coverage Expenses:										
	3.1 Salaries (including $ 3,937,281 for affiliated services)	0	0	0	0	0	0	553,930	758,799	2,624,552	3,937,281
	3.2 Outsourced Services	0	0	0	0	0	0	144,526	86,960	231,264	462,750
	3.3 EDP Equipment and Software (incl $ 257,555 for affiliated services)	0	0	0	0	0	0	46,256	63,363	147,936	257,555
	3.4 Other Equipment (excl. EDP) (incl $ 24,722 for affiliated services)	0	0	0	0	0	0	4,440	6,082	14,200	24,722
	3.5 Accreditation and Certification (incl $ 2,684 for affiliated services)	0	XXX	XXX	XXX	XXX	0	482	660	1,542	2,684
	3.6 Other Expenses (incl $ 8,710,157 for affiliated services)	1,349,937	0	0	0	0	1,349,937	1,275,408	1,697,104	4,933,463	9,255,913
	3.7 Subtotal before Reimbursements and Taxes (Lines 3.1 to 3.6)	1,349,937	0	0	0	0	1,349,937	2,025,042	2,612,969	7,952,958	13,940,906
	3.8 Reimbursements by uninsured plans and fiscal intermediaries	0	0	0	0	0	0	0	0	0	0
	3.9 Taxes, Licenses and Fees (in total, for tying purposes)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	2,838,517	2,838,517
	3.10 Total (3.7 to 3.9)	1,349,937	0	0	0	0	1,349,937	2,025,042	2,612,969	10,791,474	16,779,423
	3.11 Total Fraud and Abuse Detection/Recovery Expenses included in Column 7 (informational only)	0	0	0	0	0	0	615,999	0	0	615,999

SUPPLEMENT FOR THE YEAR 2018 OF THE UnitedHealthcare Insurance Company

SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 3 (Continued)

	All Expenses	Improving Health Care Quality Expenses						Claims Adjustment Expenses		9	10
		1 Improve Health Outcomes	2 Activities to Prevent Hospital Readmissions	3 Improve Patient Safety and Reduce Medical Errors	4 Wellness & Health Promotion Activities	5 HIT Expenses	6 Total (1 to 5)	7 Cost Containment Expenses	8 Other Claims Adjustment Expenses	General Administrative Expenses	Total Expenses (6 to 9)
4.	Individual Mini-Med Plans Expenses:										
	4.1 Salaries (including $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	4.2 Outsourced Services	0	0	0	0	0	0	0	0	0	0
	4.3 EDP Equipment and Software (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	4.4 Other Equipment (excl. EDP) (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	4.5 Accreditation and Certification (incl $ 0 for affiliated services)	0	XXX	XXX	XXX	XXX	0	0	0	0	0
	4.6 Other Expenses (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	4.7 Subtotal before Reimbursements and Taxes (Lines 4.1 to 4.6)	0	0	0	0	0	0	0	0	0	0
	4.8 Reimbursements by uninsured plans and fiscal intermediaries	0	0	0	0	0	0	0	0	0	0
	4.9 Taxes, Licenses and Fees (in total, for tying purposes)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0
	4.10 Total (4.7 to 4.9)	0	0	0	0	0	0	0	0	0	0
	4.11 Total Fraud and Abuse Detection/Recovery Expenses included in Column 7 (informational only)	0	0	0	0	0	0	0	0	0	0
5.	Small Group Mini-Med Plans Expenses:										
	5.1 Salaries (including $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	5.2 Outsourced Services	0	0	0	0	0	0	0	0	0	0
	5.3 EDP Equipment and Software (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	5.4 Other Equipment (excl. EDP) (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	5.5 Accreditation and Certification (incl $ 0 for affiliated services)	0	XXX	XXX	XXX	XXX	0	0	0	0	0
	5.6 Other Expenses (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	5.7 Subtotal before Reimbursements and Taxes (Lines 5.1 to 5.6)	0	0	0	0	0	0	0	0	0	0
	5.8 Reimbursements by uninsured plans and fiscal intermediaries	0	0	0	0	0	0	0	0	0	0
	5.9 Taxes, Licenses and Fees (in total, for tying purposes)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0
	5.10 Total (5.7 to 5.9)	0	0	0	0	0	0	0	0	0	0
	5.11 Total Fraud and Abuse Detection/Recovery Expenses included in Column 7 (informational only)	0	0	0	0	0	0	0	0	0	0
6.	Large Group Mini-Med Plans Expenses:										
	6.1 Salaries (including $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	6.2 Outsourced Services	0	0	0	0	0	0	0	0	0	0
	6.3 EDP Equipment and Software (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	6.4 Other Equipment (excl. EDP) (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	6.5 Accreditation and Certification (incl $ 0 for affiliated services)	0	XXX	XXX	XXX	XXX	0	0	0	0	0
	6.6 Other Expenses (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	6.7 Subtotal before Reimbursements and Taxes (Lines 6.1 to 6.6)	0	0	0	0	0	0	0	0	0	0
	6.8 Reimbursements by uninsured plans and fiscal intermediaries	0	0	0	0	0	0	0	0	0	0
	6.9 Taxes, Licenses and Fees (in total, for tying purposes)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0
	6.10 Total (6.7 to 6.9)	0	0	0	0	0	0	0	0	0	0
	6.11 Total Fraud and Abuse Detection/Recovery Expenses included in Column 7 (informational only)	0	0	0	0	0	0	0	0	0	0

SUPPLEMENT FOR THE YEAR 2018 OF THE UnitedHealthcare Insurance Company

SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 3 (Continued)

	All Expenses	Improving Health Care Quality Expenses						Claims Adjustment Expenses		9	10
		1 Improve Health Outcomes	2 Activities to Prevent Hospital Readmissions	3 Improve Patient Safety and Reduce Medical Errors	4 Wellness & Health Promotion Activities	5 HIT Expenses	6 Total (1 to 5)	7 Cost Containment Expenses	8 Other Claims Adjustment Expenses	General Administrative Expenses	Total Expenses (6 to 9)
7.	Small Group Expatriate Plans Expenses:										
	7.1 Salaries (including $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	7.2 Outsourced Services	0	0	0	0	0	0	0	0	0	0
	7.3 EDP Equipment and Software (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	7.4 Other Equipment (excl. EDP) (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	7.5 Accreditation and Certification (incl $ 0 for affiliated services)	0	XXX	XXX	XXX	XXX	0	0	0	0	0
	7.6 Other Expenses (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	7.7 Subtotal before Reimbursements and Taxes (Lines 7.1 to 7.6)	0	0	0	0	0	0	0	0	0	0
	7.8 Reimbursements by uninsured plans and fiscal intermediaries	0	0	0	0	0	0	0	0	0	0
	7.9 Taxes, Licenses and Fees (in total, for tying purposes)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0
	7.10 Total (7.7 to 7.9)	0	0	0	0	0	0	0	0	0	0
	7.11 Total Fraud and Abuse Detection/Recovery Expenses included in Column 7 (informational only)	0	0	0	0	0	0	0	0	0	0
8.	Large Group Expatriate Plans Expenses:										
	8.1 Salaries (including $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	8.2 Outsourced Services	0	0	0	0	0	0	0	0	0	0
	8.3 EDP Equipment and Software (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	8.4 Other Equipment (excl. EDP) (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	8.5 Accreditation and Certification (incl $ 0 for affiliated services)	0	XXX	XXX	XXX	XXX	0	0	0	0	0
	8.6 Other Expenses (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	8.7 Subtotal before Reimbursements and Taxes (Lines 8.1 to 8.6)	0	0	0	0	0	0	0	0	0	0
	8.8 Reimbursements by uninsured plans and fiscal intermediaries	0	0	0	0	0	0	0	0	0	0
	8.9 Taxes, Licenses and Fees (in total, for tying purposes)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0
	8.10 Total (8.7 to 8.9)	0	0	0	0	0	0	0	0	0	0
	8.11 Total Fraud and Abuse Detection/Recovery Expenses included in Column 7 (informational only)	0	0	0	0	0	0	0	0	0	0
9.	Student Health Plans Expenses:										
	9.1 Salaries (including $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	9.2 Outsourced Services	0	0	0	0	0	0	0	0	0	0
	9.3 EDP Equipment and Software (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	9.4 Other Equipment (excl. EDP) (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	9.5 Accreditation and Certification (incl $ 0 for affiliated services)	0	XXX	XXX	XXX	XXX	0	0	0	0	0
	9.6 Other Expenses (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	9.7 Subtotal before Reimbursements and Taxes (Lines 9.1 to 9.6)	0	0	0	0	0	0	0	0	0	0
	9.8 Reimbursements by uninsured plans and fiscal intermediaries	0	0	0	0	0	0	0	0	0	0
	9.9 Taxes, Licenses and Fees (in total, for tying purposes)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0
	9.10 Total (9.7 to 9.9)	0	0	0	0	0	0	0	0	0	0
	9.11 Total Fraud and Abuse Detection/Recovery Expenses included in Column 7 (informational only)	0	0	0	0	0	0	0	0	0	0

SUPPLEMENT FOR THE YEAR 2018 OF THE UnitedHealthcare Insurance Company

SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 1

(To Be Filed by April 1 - Not for Rebate Purposes - See Cautionary Statement at http://www.naic.org/documents/committees_e_app_blanks_related_shce_cautionary_statement.pdf)

REPORT FOR: 1. CORPORATION UnitedHealthcare Insurance Company 2. 185 Asylum Street Hartford, CT 061033408 (LOCATION)

NAIC Group Code 0707 BUSINESS IN THE STATE OF Pennsylvania DURING THE YEAR 2018 NAIC Company Code 79413

	Business Subject to MLR								9	10	11	12	13	14	15
	Comprehensive Health Coverage			Mini-Med Plans			Expatriate Plans								
	1 Individual	2 Small Group Employer	3 Large Group Employer	4 Individual	5 Small Group Employer	6 Large Group Employer	7 Small Group	8 Large Group	Student Health Plans	Government Business (excluded by statute)	Other Health Business	Medicare Advantage Part C and Medicare Part D Stand-Alone Subject to ACA	Subtotal (Cols. 1 through 12)	Uninsured Plans	Total 13 + 14
1. Premium:															
1.1 Health premiums earned (From Part 2, Line 1.11)	1,997,090	159,608,999	487,648,921	0	0	0	0	0	0	0	546,911,690	389,972,189	1,586,138,889	XXX	1,586,138,889
1.2 Federal high risk pools	0	0	0	0	0	0	0	0	0	0	0	0	0	XXX	0
1.3 State high risk pools	(607)	(6,565)	(64,924)	0	0	0	0	0	0	0	296,157	0	224,061	XXX	224,061
1.4 Premiums earned including state and federal high risk programs (Lines 1.1 + 1.2 + 1.3)	1,996,483	159,602,435	487,583,998	0	0	0	0	0	0	0	547,207,847	389,972,189	1,586,362,950	XXX	1,586,362,950
1.5 Federal taxes and federal assessments	(68,013)	4,994,015	19,215,666	0	0	0	0	0	0	246,637	3,903,770	15,137,103	43,429,177	0	43,429,177
1.6 State insurance, premium and other taxes (Similar local taxes of $ 157,742)	22,580	2,976,339	7,781,335	0	0	0	0	0	0	0	9,049,238	(324,744)	19,504,749	0	19,504,749
1.6a Community Benefit Expenditures (informational only)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
1.7 Regulatory authority licenses and fees	349	13,606	143,840	0	0	0	0	0	0	0	(122,235)	0	35,560	0	35,560
1.8 Adjusted Premiums Earned (Lines 1.4 - 1.5 - 1.6 - 1.7)	2,041,567	151,618,474	460,443,157	0	0	0	0	0	0	(246,637)	534,377,074	375,159,830	1,523,393,465	XXX	1,523,393,465
1.9 Net Assumed less Ceded reinsurance premiums earned	1,194	0	(54,529,388)	0	0	0	0	0	0	1,237,862	22,767	116,694	(53,150,872)	XXX	(53,150,872)
1.10 Other Adjustments due to MLR calculations - Premiums	0	62,990	109	0	0	0	0	0	0	0	1,662	1,430,572	1,495,332	XXX	1,495,332
1.11 Risk Revenue	0	0	0	0	0	0	0	0	0	0	0	0	0	XXX	0
1.12 Net adjusted premiums earned after reinsurance (Lines 1.8 + 1.9 + 1.10 + 1.11)	2,042,761	151,681,463	405,913,877	0	0	0	0	0	0	991,226	534,401,503	376,707,096	1,471,737,925	XXX	1,471,737,925
2. Claims:															
2.1 Incurred claims excluding prescription drugs	1,808,415	108,990,741	342,914,457	0	0	0	0	0	0	0	430,547,419	187,905,131	1,072,166,164	XXX	1,072,166,164
2.2 Prescription drugs	567,153	22,761,812	82,521,581	0	0	0	0	0	0	0	1,295,163	261,134,421	368,280,130	XXX	368,280,130
2.3 Pharmaceutical rebates	178,469	7,467,446	26,388,581	0	0	0	0	0	0	0	117,878	144,067,243	178,219,617	XXX	178,219,617
2.4 State stop loss, market stabilization and claim/census based assessments (informational only)	9	321,668	682,255	0	0	0	0	0	0	0	246	0	1,004,179	XXX	1,004,179
3. Incurred medical incentive pools and bonuses	0	62,131	50,864	0	0	0	0	0	0	0	0	597,818	710,812	XXX	710,812
4. Deductible Fraud and Abuse Detection/Recovery Expenses (for MLR use only)	0	4,160	108,033	0	0	0	0	0	0	0	0	37,845	150,038	0	150,038
5. 5.0 Total Incurred Claims (Lines 2.1 + 2.2 - 2.3 + 3) (From Part 2, Line 2.15)	2,197,099	124,347,238	399,098,321	0	0	0	0	0	0	0	431,724,705	305,570,127	1,262,937,490	XXX	1,262,937,490
5.1 Net Assumed less Ceded reinsurance claims incurred	0	0	(44,423,894)	0	0	0	0	0	0	0	(592,137)	0	(45,016,031)	XXX	(45,016,031)
5.2 Other Adjustments due to MLR calculations - Claims	0	0	0	0	0	0	0	0	0	0	0	0	0	XXX	0
5.3 Rebates paid	0	0	0	0	0	0	0	0	0	XXX	XXX	0	0	XXX	0
5.4 Estimated rebates unpaid prior year	0	0	0	0	0	0	0	0	0	XXX	XXX	0	0	XXX	0
5.5 Estimated rebates unpaid current year	0	0	0	0	0	0	0	0	0	XXX	XXX	0	0	XXX	0
5.6 Fee for service and co-pay revenue	0	0	0	0	0	0	0	0	0	0	0	0	0	XXX	0
5.7 Net incurred claims after reinsurance (Lines 5.0 + 5.1 + 5.2 + 5.3 - 5.4 + 5.5 - 5.6)	2,197,099	124,347,238	354,674,427	0	0	0	0	0	0	0	431,132,567	305,570,127	1,217,921,459	XXX	1,217,921,459
6. Improving Health Care Quality Expenses Incurred:															
6.1 Improve health outcomes	15,977	1,276,872	3,901,191	0	0	0	0	0	0	0	2,066,996	235,359	7,496,394	0	7,496,394
6.2 Activities to prevent hospital readmissions	0	0	0	0	0	0	0	0	0	0	282,812	356,652	639,464	0	639,464
6.3 Improve patient safety and reduce medical errors	0	0	0	0	0	0	0	0	0	0	218,736	854,303	1,073,039	0	1,073,039
6.4 Wellness and health promotion activities	0	0	0	0	0	0	0	0	0	0	4,338,091	217,764	4,555,855	0	4,555,855
6.5 Health Information Technology expenses related to health improvement	0	0	0	0	0	0	0	0	0	0	1,337,261	1,031,990	2,369,252	0	2,369,252
6.6 Total of Defined Expenses Incurred for Improving Health Care Quality (Lines 6.1+6.2+6.3+6.4+6.5)	15,977	1,276,872	3,901,191	0	0	0	0	0	0	0	8,243,896	2,696,068	16,134,004	0	16,134,004
7. Preliminary Medical Loss Ratio: MLR ((Lines 4 + 5.0 + 6.6 - Footnote 2.0)/Line 1.8	1.084	0.829	0.875	0.000	0.000	0.000	0.000	0.000	0.000	XXX	XXX	0.822	XXX	XXX	XXX
8. Claims Adjustment Expenses:															
8.1 Cost containment expenses not included in quality of care expenses in Line 6.6	15,634	1,948,129	5,241,150	0	0	0	0	0	0	0	368,463	4,026,442	11,599,818	0	11,599,818
8.2 All other claims adjustment expenses	28,679	2,760,099	6,386,564	0	0	0	0	0	0	0	22,768,920	15,983,250	47,927,513	0	47,927,513
8.3 Total claims adjustment expenses (Lines 8.1 + 8.2)	44,312	4,708,228	11,627,714	0	0	0	0	0	0	0	23,137,383	20,009,692	59,527,330	0	59,527,330
9. Claims Adjustment Expense Ratio (Line 8.3/Line 1.8)	0.022	0.031	0.025	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.043	0.053	XXX	XXX	XXX

SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 1 (Continued)

	Business Subject to MLR									10	11	12	13	14	15
	Comprehensive Health Coverage			Mini-Med Plans			Expatriate Plans		9						
	1 Individual	2 Small Group Employer	3 Large Group Employer	4 Individual	5 Small Group Employer	6 Large Group Employer	7 Small Group	8 Large Group	Student Health Plans	Government Business (excluded by statute)	Other Health Business	Medicare Advantage Part C and Medicare Part D Stand-Alone Subject to ACA	Subtotal (Cols. 1 through 12)	Uninsured Plans	Total 13 + 14
10. General and Administrative (G&A) Expenses:															
10.1 Direct sales salaries and benefits	5,223	641,154	1,778,137	0	0	0	0	0	0	0	800,198	605,404	3,830,116	0	3,830,116
10.2 Agents and brokers fees and commissions	45,297	5,421,622	1,588,096	0	0	0	0	0	0	0	20,578,157	2,634,130	30,267,302	0	30,267,302
10.3 Other taxes (excluding taxes on Lines 1.5 through 1.7 and Line 14 below)	(5,684)	167,176	688,787	0	0	0	0	0	0	0	968,259	698,494	2,517,032	0	2,517,032
10.4 Other general and administrative expenses	82,005	8,264,601	12,694,948	0	0	0	0	0	0	0	35,369,007	23,077,209	79,487,771	0	79,487,771
10.4a Community Benefit Expenditures (informational only)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
10.5 Total general and administrative (Lines 10.1 +10.2 + 10.3 + 10.4)	126,842	14,494,552	16,749,968	0	0	0	0	0	0	0	57,715,621	27,015,238	116,102,221	0	116,102,221
11. Underwriting Gain/(Loss) (Lines 1.12 - 5.7 - 6.6 - 8.3 - 10.5)	(341,470)	6,854,572	18,960,576	0	0	0	0	0	0	991,226	14,172,035	21,415,970	62,052,910	XXX	62,052,910
12. Income from fees of uninsured plans	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0
13. Net investment and other gain/(loss)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	21,189,547	XXX	21,189,547
14. Federal income taxes (excluding taxes on Line 1.5 above)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1,221,346	XXX	1,221,346
15. Net gain or (loss) (Lines 11 + 12 + 13 - 14)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	82,021,111	XXX	82,021,111
16. ICD-10 Implementation Expenses (informational only; already included in general expenses and line 10.4)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
16. 16a ICD-10 Implementation Expenses (informational only; already included in line 10.4)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
OTHER INDICATORS:															
1. Number of certificates/policies	163	17,556	48,318	0	0	0	0	0	0	0	358,933	158,562	583,532	0	583,532
2. Number of Covered Lives	288	32,396	86,468	0	0	0	0	0	0	0	464,550	158,562	742,264	0	742,264
3. Number of Groups	XXX	2,919	708	XXX	0	0	0	0	0	0	2,515	7	6,149	0	6,149
4. Member Months	3,365	361,711	1,127,723	0	0	0	0	0	0	0	5,400,574	1,918,240	8,811,613	0	8,811,613

Is run off business reported in Columns 1 through 9 or 12? Yes [ ] No [ ] If yes, show the amount of premiums and claims included. Premiums $ 0 Claims $ 0

AFFORDABLE CARE ACT (ACA) RECEIPTS, PAYMENTS, RECEIVABLES and PAYABLES

	Current Year Comprehensive Health Coverage		Prior Year Comprehensive Health Coverage	
	1 Individual Plans	2 Small Group Employer Plans	3 Individual Plans	4 Small Group Employer Plans
ACA Receivables and Payables				
1. Permanent ACA Risk Adjustment Program 1.0 Premium adjustments receivable/(payable)	372,391	(10,385,499)	(332,050)	(4,726,930)
2. Transitional ACA Reinsurance Program 2.0 Total amounts recoverable for claims (paid & unpaid)	0	XXX	0	XXX
3. Temporary ACA Risk Corridors Program 3.1 Accrued retrospective premium	0	0	0	0
3.2 Reserve for rate credits or policy experience refunds	0	0	0	0
ACA Receipts and Payments				
4. Permanent ACA Risk Adjustment Program 4.0 Premium adjustments receipts/(payments)	(378,838)	(3,417,131)	115,902	(6,484,441)
5. Transitional ACA Reinsurance Program 5.0 Amounts received for claims	0	XXX	0	XXX
6. Temporary ACA Risk Corridors Program 6.1 Retrospective premium received	0	0	0	0
6.2 Rate credits or policy experience refunds paid	0	0	0	0

SUPPLEMENT FOR THE YEAR 2018 OF THE UnitedHealthcare Insurance Company

SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 2

(To Be Filed by April 1 - Not for Rebate Purposes)

REPORT FOR: 1. CORPORATION UnitedHealthcare Insurance Company 2. 185 Asylum Street Hartford, CT 061033408 (LOCATION)

NAIC Group Code 0707 BUSINESS IN THE STATE OF Pennsylvania DURING THE YEAR 2018 NAIC Company Code 79413

	Business Subject to MLR									10	11	12	13
	Comprehensive Health Coverage			Mini-Med Plans			Expatriate Plans:		9				
	1 Individual	2 Small Group Employer	3 Large Group Employer	4 Individual	5 Small Group Employer	6 Large Group Employer	7 Small Group	8 Large Group	Student Health Plans	Government Business (excluded by statute)	Other Health Business	Medicare Advantage Part C and Medicare Part D Stand-Alone Subject to ACA	Total (a)
1. Health Premiums Earned:													
1.1 Direct premiums written	1,997,090	159,641,193	487,645,645	0	0	0	0	0	0	0	546,961,913	391,402,760	1,587,648,601
1.2 Unearned premium prior year	0	51,519	3,221	0	0	0	0	0	0	0	38,790	0	93,531
1.3 Unearned premium current year	0	20,723	(164)	0	0	0	0	0	0	0	87,351	0	107,911
1.4 Change in unearned premium (Lines 1.2 - 1.3)	0	30,796	3,385	0	0	0	0	0	0	0	(48,561)	0	(14,380)
1.5 Paid rate credits	164,754	0	(1,711,356)	0	0	0	0	0	0	0	3,747,255	12,792,862	14,993,515
1.6 Reserve for rate credits current year	0	0	(188,660)	0	0	0	0	0	0	0	328,881	5,768,828	5,909,049
1.7 Reserve for rate credits prior year	0	0	(642,300)	0	0	0	0	0	0	0	244,650	12,087,971	11,690,321
1.8 Change in reserve for rate credits (Lines 1.6 - 1.7)	0	0	453,640	0	0	0	0	0	0	0	84,231	(6,319,143)	(5,781,272)
1.9 Premium balances written off	0	62,990	109	0	0	0	0	0	0	0	1,662	1,430,572	1,495,332
1.10 Group conversion charge	0	0	0	0	0	0	0	0	0	0	0	0	0
1.11 Total direct premiums earned (Lines 1.1 + 1.4 - 1.9 + 1.10)	1,997,090	159,608,999	487,648,921	0	0	0	0	0	0	0	546,911,690	389,972,188	1,586,138,889
1.12 Assumed premiums earned from non-affiliates	0	0	0	0	0	0	0	0	0	0	512,765	0	512,765
1.13 Net Assumed less Ceded premiums earned from affiliates	1,194	0	1	0	0	0	0	0	0	1,237,862	0	116,694	1,355,750
1.14 Ceded premiums earned to non-affiliates	0	0	54,529,389	0	0	0	0	0	0	0	489,998	0	55,019,387
1.15 Other Adjustments due to MLR calculation - Premiums	0	62,990	109	0	0	0	0	0	0	0	1,662	1,430,572	1,495,332
1.16 Net premiums earned (Lines 1.11 - 1.5 - 1.8 + 1.12 + 1.13 - 1.14 + 1.15)	1,833,530	159,671,989	434,377,358	0	0	0	0	0	0	1,237,862	543,104,633	385,045,734	1,525,271,106
2. Direct Claims Incurred:													
2.1 Paid claims during the year	2,134,642	119,564,319	403,480,913	0	0	0	0	0	0	(282,474)	425,165,227	286,736,324	1,236,798,952
2.2 Direct claim liability current year	22,057	19,783,389	53,468,606	0	0	0	0	0	0	(455,372)	48,007,658	15,474,840	136,301,176
2.3 Direct claim liability prior year	47,945	14,676,175	59,380,548	0	0	0	0	0	0	(737,846)	44,217,411	23,787,434	141,371,667
2.4 Direct claim reserves current year	1,614	425,529	1,265,719	0	0	0	0	0	0	0	18,784,378	17,775	20,495,014
2.5 Direct claim reserves prior year	4,700	319,285	1,354,921	0	0	0	0	0	0	0	16,282,864	13,423	17,975,193
2.6 Direct contract reserves current year	198,660	0	0	0	0	0	0	0	0	0	81,497,293	0	81,695,953
2.7 Direct contract reserves prior year	270,473	0	0	0	0	0	0	0	0	0	85,025,770	0	85,296,244
2.8 Paid rate credits	164,754	0	(1,711,356)	0	0	0	0	0	0	0	3,747,255	12,792,862	14,993,515
2.9 Reserve for rate credits current year	0	0	(188,660)	0	0	0	0	0	0	0	328,881	5,768,828	5,909,049
2.10 Reserve for rate credits prior year	0	0	(642,300)	0	0	0	0	0	0	0	244,650	12,087,971	11,690,321
2.11 Incurred medical incentive pools and bonuses (Lines 2.11a + 2.11b - 2.11c)	0	62,131	50,864	0	0	0	0	0	0	0	597,818	710,812	
2.11a Paid medical incentive pools and bonuses current year	0	18,446	230,971	0	0	0	0	0	0	0	0	380,783	630,201
2.11b Accrued medical incentive pools and bonuses current year	0	125,960	625,609	0	0	0	0	0	0	0	0	564,217	1,315,786
2.11c Accrued medical incentive pools and bonuses prior year	0	82,275	805,716	0	0	0	0	0	0	0	0	347,183	1,235,175
2.12 Net healthcare receivables (Lines 2.12a - 2.12b)	1,508	492,669	(2,825,404)	0	0	0	0	0	0	0	35,292	(20,070,508)	(22,366,443)
2.12a Healthcare receivables current year	1,508	3,463,125	10,456,206	0	0	0	0	0	0	0	38,108	39,976,027	53,934,976
2.12b Healthcare receivables prior year	0	2,970,457	13,281,611	0	0	0	0	0	0	0	2,816	60,046,535	76,301,419
2.13 Group conversion charge	0	0	0	0	0	0	0	0	0	0	0	0	0
2.14 Multi-option coverage blended rate adjustment	0	0	0	0	0	0	0	0	0	0	0	0	0
2.15 Total incurred claims (Lines 2.1 + 2.2 - 2.3 + 2.4 - 2.5 + 2.6 - 2.7 + 2.8 + 2.9 - 2.10 + 2.11 - 2.12 + 2.13 + 2.14)	2,197,099	124,347,238	399,098,321	0	0	0	0	0	0	0	431,724,705	305,570,127	1,262,937,490
2.16 Assumed incurred claims from non-affiliates	0	0	(33,060)	0	0	0	0	0	0	0	504,896	0	471,835
2.17 Net assumed less ceded incurred claims from affiliates	0	0	0	0	0	0	0	0	0	0	0	0	0
2.18 Ceded incurred claims to non-affiliates	0	0	44,390,833	0	0	0	0	0	0	0	1,097,033	0	45,487,866
2.19 Other adjustments due to MLR calculation - Claims	0	0	0	0	0	0	0	0	0	0	0	0	0
2.20 Net Incurred Claims (Lines 2.15 - 2.8 - 2.9 + 2.10 + 2.16 + 2.17 - 2.18 + 2.19)	2,032,346	124,347,238	355,932,144	0	0	0	0	0	0	0	427,301,082	299,096,407	1,208,709,216
3. Fraud and Abuse Recoveries that Reduced PAID Claims in Line 2.1 above (informational only)	0	4,160	108,033	0	0	0	0	0	0	0	0	37,845	150,038

(a) Column 13, Line 1.1 includes direct written premium of $ 10,920,234 for stand-alone dental and $ 8,304,153 for stand-alone vision policies.

SUPPLEMENT FOR THE YEAR 2018 OF THE UnitedHealthcare Insurance Company

SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 3

(To Be Filed by April 1 - Not for Rebate Purposes)

REPORT FOR: 1. CORPORATION UnitedHealthcare Insurance Company 2. 185 Asylum Street Hartford, CT 061033408 (LOCATION)

NAIC Group Code 0707 BUSINESS IN THE STATE OF Pennsylvania DURING THE YEAR 2018 NAIC Company Code 79413

	All Expenses	Improving Health Care Quality Expenses						Claims Adjustment Expenses		9	10
		1 Improve Health Outcomes	2 Activities to Prevent Hospital Readmissions	3 Improve Patient Safety and Reduce Medical Errors	4 Wellness & Health Promotion Activities	5 HIT Expenses	6 Total (1 to 5)	7 Cost Containment Expenses	8 Other Claims Adjustment Expenses	General Administrative Expenses	Total Expenses (6 to 9)
1.	Individual Comprehensive Coverage Expenses:										
	1.1 Salaries (including $ 44,793 for affiliated services)	0	0	0	0	0	0	4,399	9,600	30,795	44,793
	1.2 Outsourced Services	0	0	0	0	0	0	504	804	2,363	3,672
	1.3 EDP Equipment and Software (incl $ 2,682 for affiliated services)	0	0	0	0	0	0	367	579	1,735	2,682
	1.4 Other Equipment (excl. EDP) (incl $ 257 for affiliated services)	0	0	0	0	0	0	35	56	154	245
	1.5 Accreditation and Certification (incl $ 28 for affiliated services)	0	XXX	XXX	XXX	XXX	0	4	6	18	28
	1.6 Other Expenses (incl $ 81,385 for affiliated services)	15,977	0	0	0	0	15,977	9,838	17,116	97,091	140,021
	1.7 Subtotal before Reimbursements and Taxes (Lines 1.1 to 1.6)	15,977	0	0	0	0	15,977	15,147	28,161	132,156	191,440
	1.8 Reimbursements by uninsured plans and fiscal intermediaries	0	0	0	0	0	0	0	0	0	0
	1.9 Taxes, Licenses and Fees (in total, for tying purposes)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	18,620	18,620
	1.10 Total (1.7 to 1.9)	15,977	0	0	0	0	15,977	15,147	28,161	150,776	210,060
	1.11 Total Fraud and Abuse Detection/Recovery Expenses included in Column 7 (informational only)	0	0	0	0	0	0	4,202	0	0	4,202
2.	Small Group Comprehensive Coverage Expenses:										
	2.1 Salaries (including $ 4,143,871 for affiliated services)	0	0	0	0	0	0	500,149	783,046	2,860,676	4,143,871
	2.2 Outsourced Services	0	0	0	0	0	0	188,679	89,739	327,095	605,513
	2.3 EDP Equipment and Software (incl $ 294,419 for affiliated services)	0	0	0	0	0	0	41,765	65,388	187,266	294,419
	2.4 Other Equipment (excl. EDP) (incl $ 28,261 for affiliated services)	0	0	0	0	0	0	4,009	6,276	17,975	28,261
	2.5 Accreditation and Certification (incl $ 3,069 for affiliated services)	0	XXX	XXX	XXX	XXX	0	435	682	1,952	3,069
	2.6 Other Expenses (incl $ 9,271,258 for affiliated services)	1,276,872	0	0	0	0	1,276,872	1,153,327	1,751,335	10,887,058	15,068,591
	2.7 Subtotal before Reimbursements and Taxes (Lines 2.1 to 2.6)	1,276,872	0	0	0	0	1,276,872	1,888,364	2,696,465	14,282,021	20,143,723
	2.8 Reimbursements by uninsured plans and fiscal intermediaries	0	0	0	0	0	0	0	0	0	0
	2.9 Taxes, Licenses and Fees (in total, for tying purposes)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	3,325,876	3,325,876
	2.10 Total (2.7 to 2.9)	1,276,872	0	0	0	0	1,276,872	1,888,364	2,696,465	17,607,896	23,469,598
	2.11 Total Fraud and Abuse Detection/Recovery Expenses included in Column 7 (informational only)	0	0	0	0	0	0	515,967	0	0	515,967
3.	Large Group Comprehensive Coverage Expenses:										
	3.1 Salaries (including $ 9,232,406 for affiliated services)	0	0	0	0	0	0	1,307,200	1,815,782	6,109,424	9,232,406
	3.2 Outsourced Services	0	0	0	0	0	0	646,514	208,092	679,557	1,534,164
	3.3 EDP Equipment and Software (incl $ 627,806 for affiliated services)	0	0	0	0	0	0	109,157	151,626	367,022	627,806
	3.4 Other Equipment (excl. EDP) (incl $ 60,262 for affiliated services)	0	0	0	0	0	0	10,478	14,554	35,230	60,262
	3.5 Accreditation and Certification (incl $ 6,543 for affiliated services)	0	XXX	XXX	XXX	XXX	0	1,138	1,580	3,825	6,543
	3.6 Other Expenses (incl $ 21,003,314 for affiliated services)	3,901,191	0	0	0	0	3,901,191	3,009,290	4,061,116	8,739,456	19,711,054
	3.7 Subtotal before Reimbursements and Taxes (Lines 3.1 to 3.6)	3,901,191	0	0	0	0	3,901,191	5,083,777	6,252,751	15,934,516	31,172,234
	3.8 Reimbursements by uninsured plans and fiscal intermediaries	0	0	0	0	0	0	0	0	0	1
	3.9 Taxes, Licenses and Fees (in total, for tying purposes)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	9,031,814	9,031,814
	3.10 Total (3.7 to 3.9)	3,901,191	0	0	0	0	3,901,191	5,083,777	6,252,751	24,966,330	40,204,049
	3.11 Total Fraud and Abuse Detection/Recovery Expenses included in Column 7 (informational only)	0	0	0	0	0	0	1,453,201	0	0	1,453,201

SUPPLEMENT FOR THE YEAR 2018 OF THE UnitedHealthcare Insurance Company

SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 3 (Continued)

	All Expenses	Improving Health Care Quality Expenses						Claims Adjustment Expenses		9	10
		1 Improve Health Outcomes	2 Activities to Prevent Hospital Readmissions	3 Improve Patient Safety and Reduce Medical Errors	4 Wellness & Health Promotion Activities	5 HIT Expenses	6 Total (1 to 5)	7 Cost Containment Expenses	8 Other Claims Adjustment Expenses	General Administrative Expenses	Total Expenses (6 to 9)
4.	Individual Mini-Med Plans Expenses:										
	4.1 Salaries (including $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	4.2 Outsourced Services	0	0	0	0	0	0	0	0	0	0
	4.3 EDP Equipment and Software (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	4.4 Other Equipment (excl. EDP) (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	4.5 Accreditation and Certification (incl $ 0 for affiliated services)	0	XXX	XXX	XXX	XXX	0	0	0	0	0
	4.6 Other Expenses (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	4.7 Subtotal before Reimbursements and Taxes (Lines 4.1 to 4.6)	0	0	0	0	0	0	0	0	0	0
	4.8 Reimbursements by uninsured plans and fiscal intermediaries	0	0	0	0	0	0	0	0	0	0
	4.9 Taxes, Licenses and Fees (in total, for tying purposes)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0
	4.10 Total (4.7 to 4.9)	0	0	0	0	0	0	0	0	0	0
	4.11 Total Fraud and Abuse Detection/Recovery Expenses included in Column 7 (informational only)	0	0	0	0	0	0	0	0	0	0
5.	Small Group Mini-Med Plans Expenses:										
	5.1 Salaries (including $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	5.2 Outsourced Services	0	0	0	0	0	0	0	0	0	0
	5.3 EDP Equipment and Software (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	5.4 Other Equipment (excl. EDP) (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	5.5 Accreditation and Certification (incl $ 0 for affiliated services)	0	XXX	XXX	XXX	XXX	0	0	0	0	0
	5.6 Other Expenses (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	5.7 Subtotal before Reimbursements and Taxes (Lines 5.1 to 5.6)	0	0	0	0	0	0	0	0	0	0
	5.8 Reimbursements by uninsured plans and fiscal intermediaries	0	0	0	0	0	0	0	0	0	0
	5.9 Taxes, Licenses and Fees (in total, for tying purposes)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0
	5.10 Total (5.7 to 5.9)	0	0	0	0	0	0	0	0	0	0
	5.11 Total Fraud and Abuse Detection/Recovery Expenses included in Column 7 (informational only)	0	0	0	0	0	0	0	0	0	0
6.	Large Group Mini-Med Plans Expenses:										
	6.1 Salaries (including $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	6.2 Outsourced Services	0	0	0	0	0	0	0	0	0	0
	6.3 EDP Equipment and Software (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	6.4 Other Equipment (excl. EDP) (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	6.5 Accreditation and Certification (incl $ 0 for affiliated services)	0	XXX	XXX	XXX	XXX	0	0	0	0	0
	6.6 Other Expenses (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	6.7 Subtotal before Reimbursements and Taxes (Lines 6.1 to 6.6)	0	0	0	0	0	0	0	0	0	0
	6.8 Reimbursements by uninsured plans and fiscal intermediaries	0	0	0	0	0	0	0	0	0	0
	6.9 Taxes, Licenses and Fees (in total, for tying purposes)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0
	6.10 Total (6.7 to 6.9)	0	0	0	0	0	0	0	0	0	0
	6.11 Total Fraud and Abuse Detection/Recovery Expenses included in Column 7 (informational only)	0	0	0	0	0	0	0	0	0	0

SUPPLEMENT FOR THE YEAR 2018 OF THE UnitedHealthcare Insurance Company

SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 3 (Continued)

	All Expenses	Improving Health Care Quality Expenses						Claims Adjustment Expenses		9	10
		1 Improve Health Outcomes	2 Activities to Prevent Hospital Readmissions	3 Improve Patient Safety and Reduce Medical Errors	4 Wellness & Health Promotion Activities	5 HIT Expenses	6 Total (1 to 5)	7 Cost Containment Expenses	8 Other Claims Adjustment Expenses	General Administrative Expenses	Total Expenses (6 to 9)
7.	Small Group Expatriate Plans Expenses:										
	7.1 Salaries (including $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	7.2 Outsourced Services	0	0	0	0	0	0	0	0	0	0
	7.3 EDP Equipment and Software (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	7.4 Other Equipment (excl. EDP) (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	7.5 Accreditation and Certification (incl $ 0 for affiliated services)	0	XXX	XXX	XXX	XXX	0	0	0	0	0
	7.6 Other Expenses (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	7.7 Subtotal before Reimbursements and Taxes (Lines 7.1 to 7.6)	0	0	0	0	0	0	0	0	0	0
	7.8 Reimbursements by uninsured plans and fiscal intermediaries	0	0	0	0	0	0	0	0	0	0
	7.9 Taxes, Licenses and Fees (in total, for tying purposes)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0
	7.10 Total (7.7 to 7.9)	0	0	0	0	0	0	0	0	0	0
	7.11 Total Fraud and Abuse Detection/Recovery Expenses included in Column 7 (informational only)	0	0	0	0	0	0	0	0	0	0
8.	Large Group Expatriate Plans Expenses:										
	8.1 Salaries (including $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	8.2 Outsourced Services	0	0	0	0	0	0	0	0	0	0
	8.3 EDP Equipment and Software (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	8.4 Other Equipment (excl. EDP) (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	8.5 Accreditation and Certification (incl $ 0 for affiliated services)	0	XXX	XXX	XXX	XXX	0	0	0	0	0
	8.6 Other Expenses (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	8.7 Subtotal before Reimbursements and Taxes (Lines 8.1 to 8.6)	0	0	0	0	0	0	0	0	0	0
	8.8 Reimbursements by uninsured plans and fiscal intermediaries	0	0	0	0	0	0	0	0	0	0
	8.9 Taxes, Licenses and Fees (in total, for tying purposes)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0
	8.10 Total (8.7 to 8.9)	0	0	0	0	0	0	0	0	0	0
	8.11 Total Fraud and Abuse Detection/Recovery Expenses included in Column 7 (informational only)	0	0	0	0	0	0	0	0	0	0
9.	Student Health Plans Expenses:										
	9.1 Salaries (including $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	9.2 Outsourced Services	0	0	0	0	0	0	0	0	0	0
	9.3 EDP Equipment and Software (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	9.4 Other Equipment (excl. EDP) (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	9.5 Accreditation and Certification (incl $ 0 for affiliated services)	0	XXX	XXX	XXX	XXX	0	0	0	0	0
	9.6 Other Expenses (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	9.7 Subtotal before Reimbursements and Taxes (Lines 9.1 to 9.6)	0	0	0	0	0	0	0	0	0	0
	9.8 Reimbursements by uninsured plans and fiscal intermediaries	0	0	0	0	0	0	0	0	0	0
	9.9 Taxes, Licenses and Fees (in total, for tying purposes)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0
	9.10 Total (9.7 to 9.9)	0	0	0	0	0	0	0	0	0	0
	9.11 Total Fraud and Abuse Detection/Recovery Expenses included in Column 7 (informational only)	0	0	0	0	0	0	0	0	0	0

SUPPLEMENT FOR THE YEAR 2018 OF THE UnitedHealthcare Insurance Company

SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 1

(To Be Filed by April 1 - Not for Rebate Purposes - See Cautionary Statement at http://www.naic.org/documents/committees_e_app_blanks_related_shce_cautionary_statement.pdf)

REPORT FOR: 1. CORPORATION UnitedHealthcare Insurance Company 2. 185 Asylum Street Hartford, CT 061033408 (LOCATION)

NAIC Group Code 0707 BUSINESS IN THE STATE OF Rhode Island DURING THE YEAR 2018 NAIC Company Code 79413

	Business Subject to MLR									10	11	12	13	14	15
	Comprehensive Health Coverage			Mini-Med Plans			Expatriate Plans		9						
	1 Individual	2 Small Group Employer	3 Large Group Employer	4 Individual	5 Small Group Employer	6 Large Group Employer	7 Small Group	8 Large Group	Student Health Plans	Government Business (excluded by statute)	Other Health Business	Medicare Advantage Part C and Medicare Part D Stand-Alone Subject to ACA	Subtotal (Cols. 1 through 12)	Uninsured Plans	Total 13 + 14
1. Premium:															
1.1 Health premiums earned (From Part 2, Line 1.11)	505,214	15,790,835	115,826,109	0	0	0	0	0	0	25,378,644	59,394,806	74,674,751	291,570,359	XXX	291,570,359
1.2 Federal high risk pools	0	0	0	0	0	0	0	0	0	0	0	0	0	XXX	0
1.3 State high risk pools	(9)	(415)	(8,134)	0	0	0	0	0	0	0	24,876	0	16,319	XXX	16,319
1.4 Premiums earned including state and federal high risk programs (Lines 1.1 + 1.2 + 1.3)	505,205	15,790,420	115,817,976	0	0	0	0	0	0	25,378,644	59,419,682	74,674,751	291,586,677	XXX	291,586,677
1.5 Federal taxes and federal assessments	(44,815)	1,231,036	4,102,996	0	0	0	0	0	0	498,266	(192,181)	3,137,861	8,733,163	0	8,733,163
1.6 State insurance, premium and other taxes (Similar local taxes of $ 29,972)	7,813	255,375	2,128,048	0	0	0	0	0	0	511,879	1,019,907	7,343	3,930,366	0	3,930,366
1.6a Community Benefit Expenditures (informational only)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
1.7 Regulatory authority licenses and fees	1,656	47,652	76,066	0	0	0	0	0	0	0	(3,081)	0	122,293	0	122,293
1.8 Adjusted Premiums Earned (Lines 1.4 - 1.5 - 1.6 - 1.7)	540,551	14,256,357	109,510,865	0	0	0	0	0	0	24,368,498	58,595,037	71,529,547	278,800,856	XXX	278,800,856
1.9 Net Assumed less Ceded reinsurance premiums earned	169,563	5,525,696	(14,497,439)	0	0	0	0	0	0	1,533,664	(95,557)	235,270	(7,128,805)	XXX	(7,128,805)
1.10 Other Adjustments due to MLR calculations - Premiums	0	5,605	24,268	0	0	0	0	0	0	0	161	117,386	147,419	XXX	147,419
1.11 Risk Revenue	0	0	0	0	0	0	0	0	0	0	0	0	0	XXX	0
1.12 Net adjusted premiums earned after reinsurance (Lines 1.8 + 1.9 + 1.10 + 1.11)	710,114	19,787,658	95,037,693	0	0	0	0	0	0	25,902,162	58,499,641	71,882,202	271,819,470	XXX	271,819,470
2. Claims:															
2.1 Incurred claims excluding prescription drugs	220,517	7,553,254	75,543,384	0	0	0	0	0	0	22,801,975	50,123,231	51,285,064	207,527,423	XXX	207,527,423
2.2 Prescription drugs	369,589	2,672,790	19,535,680	0	0	0	0	0	0	0	419,474	23,904,004	46,901,537	XXX	46,901,537
2.3 Pharmaceutical rebates	84,552	619,318	6,279,749	0	0	0	0	0	0	0	8,955	13,003,994	19,996,568	XXX	19,996,568
2.4 State stop loss, market stabilization and claim/census based assessments (informational only)	0	262,614	1,487,000	0	0	0	0	0	0	0	693	0	1,750,308	XXX	1,750,308
3. Incurred medical incentive pools and bonuses	0	370,283	1,875,325	0	0	0	0	0	0	0	0	(1,442)	2,244,166	XXX	2,244,166
4. Deductible Fraud and Abuse Detection/Recovery Expenses (for MLR use only)	0	3,534	17,941	0	0	0	0	0	0	0	0	31,558	53,033	0	53,033
5. 5.0 Total Incurred Claims (Lines 2.1 + 2.2 - 2.3 + 3) (From Part 2, Line 2.15)	505,555	9,977,009	90,674,639	0	0	0	0	0	0	22,801,975	50,533,749	62,183,632	236,676,559	XXX	236,676,559
5.1 Net Assumed less Ceded reinsurance claims incurred	232,102	4,577,283	(11,665,173)	0	0	0	0	0	0	952,735	(334,445)	70,328	(6,167,171)	XXX	(6,167,171)
5.2 Other Adjustments due to MLR calculations - Claims	0	0	0	0	0	0	0	0	0	0	0	(5,804,016)	(5,804,016)	XXX	(5,804,016)
5.3 Rebates paid	0	0	0	0	0	0	0	0	0	XXX	XXX	2,418,164	2,418,164	XXX	2,418,164
5.4 Estimated rebates unpaid prior year	0	0	0	0	0	0	0	0	0	XXX	XXX	2,198,331	2,198,331	XXX	2,198,331
5.5 Estimated rebates unpaid current year	0	0	0	0	0	0	0	0	0	XXX	XXX	5,584,183	5,584,183	XXX	5,584,183
5.6 Fee for service and co-pay revenue	0	0	0	0	0	0	0	0	0	0	0	0	0	XXX	0
5.7 Net incurred claims after reinsurance (Lines 5.0 + 5.1 + 5.2 + 5.3 - 5.4 + 5.5 - 5.6)	737,657	14,554,292	79,009,467	0	0	0	0	0	0	23,754,709	50,199,304	62,253,959	230,509,388	XXX	230,509,388
6. Improving Health Care Quality Expenses Incurred:															
6.1 Improve health outcomes	4,042	126,327	926,609	0	0	0	0	0	0	32,870	188,231	380,067	1,658,146	0	1,658,146
6.2 Activities to prevent hospital readmissions	0	0	0	0	0	0	0	0	0	12,642	137,245	90,391	240,278	0	240,278
6.3 Improve patient safety and reduce medical errors	0	0	0	0	0	0	0	0	0	25,285	103,651	99,595	228,532	0	228,532
6.4 Wellness and health promotion activities	0	0	0	0	0	0	0	0	0	2,528	370,126	261,835	634,490	0	634,490
6.5 Health Information Technology expenses related to health improvement	0	0	0	0	0	0	0	0	0	30,342	41,829	195,603	267,774	0	267,774
6.6 Total of Defined Expenses Incurred for Improving Health Care Quality (Lines 6.1+6.2+6.3+6.4+6.5)	4,042	126,327	926,609	0	0	0	0	0	0	103,668	841,083	1,027,490	3,029,219	0	3,029,219
7. Preliminary Medical Loss Ratio: MLR ((Lines 4 + 5.0 + 6.6 - Footnote 2.0)/Line 1.8	0.943	0.709	0.837	0.000	0.000	0.000	0.000	0.000	0.000	XXX	XXX	0.884	XXX	XXX	XXX
8. Claims Adjustment Expenses:															
8.1 Cost containment expenses not included in quality of care expenses in Line 6.6	4,328	157,984	1,318,962	0	0	0	0	0	0	346,402	52,121	578,162	2,457,959	0	2,457,959
8.2 All other claims adjustment expenses	6,793	212,870	1,704,592	0	0	0	0	0	0	611,396	735,511	2,248,256	5,519,418	0	5,519,418
8.3 Total claims adjustment expenses (Lines 8.1 + 8.2)	11,121	370,854	3,023,554	0	0	0	0	0	0	957,798	787,632	2,826,418	7,977,377	0	7,977,377
9. Claims Adjustment Expense Ratio (Line 8.3/Line 1.8)	0.021	0.026	0.028	0.000	0.000	0.000	0.000	0.000	0.000	0.039	0.013	0.040	XXX	XXX	XXX

SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 1 (Continued)

	Business Subject to MLR									10	11	12	13	14	15
	Comprehensive Health Coverage			Mini-Med Plans			Expatriate Plans		9						
	1 Individual	2 Small Group Employer	3 Large Group Employer	4 Individual	5 Small Group Employer	6 Large Group Employer	7 Small Group	8 Large Group	Student Health Plans	Government Business (excluded by statute)	Other Health Business	Medicare Advantage Part C and Medicare Part D Stand-Alone Subject to ACA	Subtotal (Cols. 1 through 12)	Uninsured Plans	Total 13 + 14
10. General and Administrative (G&A) Expenses:															
10.1 Direct sales salaries and benefits	1,463	48,968	499,348	0	0	0	0	0	0	237,695	85,535	88,270	961,278	0	961,278
10.2 Agents and brokers fees and commissions	9,921	325,633	1,312,362	0	0	0	0	0	0	0	2,497,474	1,272,770	5,418,160	0	5,418,160
10.3 Other taxes (excluding taxes on Lines 1.5 through 1.7 and Line 14 below)	(1,320)	(29,336)	208,263	0	0	0	0	0	0	44,554	111,427	99,247	432,836	0	432,836
10.4 Other general and administrative expenses	148,742	1,649,354	3,828,693	0	0	0	0	0	0	1,182,919	5,133,618	3,238,236	15,181,561	0	15,181,561
10.4a Community Benefit Expenditures (informational only)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
10.5 Total general and administrative (Lines 10.1 +10.2 + 10.3 + 10.4)	158,805	1,994,620	5,848,666	0	0	0	0	0	0	1,465,168	7,828,053	4,698,523	21,993,834	0	21,993,834
11. Underwriting Gain/(Loss) (Lines 1.12 - 5.7 - 6.6 - 8.3 - 10.5)	(201,510)	2,741,565	6,229,398	0	0	0	0	0	0	(379,181)	(1,156,431)	1,075,811	8,309,652	XXX	8,309,652
12. Income from fees of uninsured plans	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0
13. Net investment and other gain/(loss)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	4,182,190	XXX	4,182,190
14. Federal income taxes (excluding taxes on Line 1.5 above)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	(961,524)	XXX	(961,524)
15. Net gain or (loss) (Lines 11 + 12 + 13 - 14)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	13,453,366	XXX	13,453,366
16. ICD-10 Implementation Expenses (informational only; already included in general expenses and line 10.4)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
16. 16a ICD-10 Implementation Expenses (informational only; already included in line 10.4)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
OTHER INDICATORS:															
1. Number of certificates/policies	34	1,095	10,623	0	0	0	0	0	0	113,196	44,149	14,247	183,344	0	183,344
2. Number of Covered Lives	69	1,921	20,637	0	0	0	0	0	0	113,196	67,356	14,247	217,426	0	217,426
3. Number of Groups	XXX	299	275	XXX	0	0	0	0	0	1	560	1	1,136	0	1,136
4. Member Months	819	27,057	246,024	0	0	0	0	0	0	1,330,091	817,941	175,297	2,597,229	0	2,597,229

Is run off business reported in Columns 1 through 9 or 12? Yes [ ] No [ ] If yes, show the amount of premiums and claims included. Premiums $ 0 Claims $ 0

216-2.RI

AFFORDABLE CARE ACT (ACA) RECEIPTS, PAYMENTS, RECEIVABLES and PAYABLES

	Current Year Comprehensive Health Coverage		Prior Year Comprehensive Health Coverage	
	1 Individual Plans	2 Small Group Employer Plans	3 Individual Plans	4 Small Group Employer Plans
ACA Receivables and Payables				
1. Permanent ACA Risk Adjustment Program 1.0 Premium adjustments receivable/(payable)	(5,554)	324,278	(107,990)	(636,303)
2. Transitional ACA Reinsurance Program 2.0 Total amounts recoverable for claims (paid & unpaid)	0	XXX	0	XXX
3. Temporary ACA Risk Corridors Program 3.1 Accrued retrospective premium	0	0	0	0
3.2 Reserve for rate credits or policy experience refunds	0	0	0	0
ACA Receipts and Payments				
4. Permanent ACA Risk Adjustment Program 4.0 Premium adjustments receipts/(payments)	(64,170)	266,773	(22,089)	(1,853,198)
5. Transitional ACA Reinsurance Program 5.0 Amounts received for claims	0	XXX	0	XXX
6. Temporary ACA Risk Corridors Program 6.1 Retrospective premium received	0	0	0	0
6.2 Rate credits or policy experience refunds paid	0	0	0	0

SUPPLEMENT FOR THE YEAR 2018 OF THE UnitedHealthcare Insurance Company

SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 2

(To Be Filed by April 1 - Not for Rebate Purposes)

REPORT FOR: 1. CORPORATION UnitedHealthcare Insurance Company 2. 185 Asylum Street Hartford, CT 061033408 (LOCATION)

NAIC Group Code 0707 BUSINESS IN THE STATE OF Rhode Island DURING THE YEAR 2018 NAIC Company Code 79413

	Business Subject to MLR									10	11	12	13
	Comprehensive Health Coverage			Mini-Med Plans			Expatriate Plans:		9				
	1	2	3	4	5	6	7	8					
	Individual	Small Group Employer	Large Group Employer	Individual	Small Group Employer	Large Group Employer	Small Group	Large Group	Student Health Plans	Government Business (excluded by statute)	Other Health Business	Medicare Advantage Part C and Medicare Part D Stand-Alone Subject to ACA	Total (a)
1. Health Premiums Earned:													
1.1 Direct premiums written	505,214	15,794,189	115,850,377	0	0	0	0	0	0	25,378,644	59,394,956	74,792,137	291,715,515
1.2 Unearned premium prior year	0	3,043	0	0	0	0	0	0	0	0	12	0	3,055
1.3 Unearned premium current year	0	792	0	0	0	0	0	0	0	0	0	0	792
1.4 Change in unearned premium (Lines 1.2 - 1.3)	0	2,251	0	0	0	0	0	0	0	0	12	0	2,263
1.5 Paid rate credits	0	0	0	0	0	0	0	0	0	0	141,633	1,738,304	1,879,937
1.6 Reserve for rate credits current year	0	0	0	0	0	0	0	0	0	0	455,545	5,772,114	6,227,659
1.7 Reserve for rate credits prior year	0	0	0	0	0	0	0	0	0	0	393,306	2,467,849	2,861,155
1.8 Change in reserve for rate credits (Lines 1.6 - 1.7)	0	0	0	0	0	0	0	0	0	0	62,239	3,304,264	3,366,504
1.9 Premium balances written off	0	5,605	24,268	0	0	0	0	0	0	0	161	117,386	147,419
1.10 Group conversion charge	0	0	0	0	0	0	0	0	0	0	0	0	0
1.11 Total direct premiums earned (Lines 1.1 + 1.4 - 1.9 + 1.10)	505,214	15,790,835	115,826,109	0	0	0	0	0	0	25,378,644	59,394,806	74,674,751	291,570,359
1.12 Assumed premiums earned from non-affiliates	0	0	450,789	0	0	0	0	0	0	0	0	0	450,789
1.13 Net Assumed less Ceded premiums earned from affiliates	169,563	5,525,696	79,006	0	0	0	0	0	0	1,533,664	0	235,270	7,543,198
1.14 Ceded premiums earned to non-affiliates	0	0	15,027,234	0	0	0	0	0	0	0	95,557	0	15,122,791
1.15 Other Adjustments due to MLR calculation - Premiums	0	5,605	24,268	0	0	0	0	0	0	0	161	117,386	147,419
1.16 Net premiums earned (Lines 1.11 - 1.5 - 1.8 + 1.12 + 1.13 - 1.14 + 1.15)	674,777	21,322,136	101,352,937	0	0	0	0	0	0	26,912,307	59,095,538	69,984,838	279,342,533
2. Direct Claims Incurred:													
2.1 Paid claims during the year	505,556	10,328,493	89,361,345	0	0	0	0	0	0	22,711,941	49,118,877	50,929,766	222,955,979
2.2 Direct claim liability current year	728	1,440,711	13,175,332	0	0	0	0	0	0	341,848	6,240,625	2,070,008	23,269,251
2.3 Direct claim liability prior year	730	2,315,450	13,730,682	0	0	0	0	0	0	251,814	5,787,581	(109,190)	21,977,066
2.4 Direct claim reserves current year	0	23,566	222,478	0	0	0	0	0	0	0	3,549,095	554	3,795,694
2.5 Direct claim reserves prior year	0	32,038	238,064	0	0	0	0	0	0	0	2,787,601	1,649	3,059,351
2.6 Direct contract reserves current year	0	0	0	0	0	0	0	0	0	0	17,388	0	17,388
2.7 Direct contract reserves prior year	0	0	0	0	0	0	0	0	0	0	18,139	0	18,139
2.8 Paid rate credits	0	0	0	0	0	0	0	0	0	0	141,633	1,738,304	1,879,937
2.9 Reserve for rate credits current year	0	0	0	0	0	0	0	0	0	0	455,545	5,772,114	6,227,659
2.10 Reserve for rate credits prior year	0	0	0	0	0	0	0	0	0	0	393,306	2,467,849	2,861,155
2.11 Incurred medical incentive pools and bonuses (Lines 2.11a + 2.11b - 2.11c)	0	370,283	1,875,325	0	0	0	0	0	0	0	0	(1,442)	2,244,166
2.11a Paid medical incentive pools and bonuses current year	0	173,785	799,214	0	0	0	0	0	0	0	0	5,780	978,779
2.11b Accrued medical incentive pools and bonuses current year	0	307,170	1,561,175	0	0	0	0	0	0	0	0	77,510	1,945,855
2.11c Accrued medical incentive pools and bonuses prior year	0	110,672	485,064	0	0	0	0	0	0	0	0	84,732	680,468
2.12 Net healthcare receivables (Lines 2.12a - 2.12b)	0	(161,443)	(8,905)	0	0	0	0	0	0	0	2,787	(4,034,636)	(4,202,197)
2.12a Healthcare receivables current year	0	233,989	2,544,205	0	0	0	0	0	0	0	2,837	7,781,564	10,562,594
2.12b Healthcare receivables prior year	0	395,433	2,553,110	0	0	0	0	0	0	0	50	11,816,200	14,764,792
2.13 Group conversion charge	0	0	0	0	0	0	0	0	0	0	0	0	0
2.14 Multi-option coverage blended rate adjustment	0	0	0	0	0	0	0	0	0	0	0	0	0
2.15 Total incurred claims (Lines 2.1 + 2.2 - 2.3 + 2.4 - 2.5 + 2.6 - 2.7 + 2.8 + 2.9 - 2.10 + 2.11 - 2.12 + 2.13 + 2.14)	505,555	9,977,009	90,674,639	0	0	0	0	0	0	22,801,975	50,533,749	62,183,632	236,676,559
2.16 Assumed incurred claims from non-affiliates	0	0	249,107	0	0	0	0	0	0	0	0	0	249,107
2.17 Net assumed less ceded incurred claims from affiliates	232,102	4,577,283	5,202	0	0	0	0	0	0	952,735	0	70,328	5,837,649
2.18 Ceded incurred claims to non-affiliates	0	0	11,919,482	0	0	0	0	0	0	0	334,445	0	12,253,927
2.19 Other adjustments due to MLR calculation - Claims	0	0	0	0	0	0	0	0	0	0	0	0	0
2.20 Net Incurred Claims (Lines 2.15 - 2.8 - 2.9 + 2.10 + 2.16 + 2.17 - 2.18 + 2.19)	737,657	14,554,292	79,009,467	0	0	0	0	0	0	23,754,709	49,995,432	57,211,391	225,262,947
3. Fraud and Abuse Recoveries that Reduced PAID Claims in Line 2.1 above (informational only)	0	3,534	17,941	0	0	0	0	0	0	0	0	51,691	73,167

(a) Column 13, Line 1.1 includes direct written premium of $ 2,649,198 for stand-alone dental and $ 541,547 for stand-alone vision policies.

SUPPLEMENT FOR THE YEAR 2018 OF THE UnitedHealthcare Insurance Company

SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 3

(To Be Filed by April 1 - Not for Rebate Purposes)

REPORT FOR: 1. CORPORATION UnitedHealthcare Insurance Company 2. 185 Asylum Street Hartford, CT 061033408 (LOCATION)

NAIC Group Code 0707 BUSINESS IN THE STATE OF Rhode Island DURING THE YEAR 2018 NAIC Company Code 79413

	All Expenses	Improving Health Care Quality Expenses						Claims Adjustment Expenses		9	10
		1 Improve Health Outcomes	2 Activities to Prevent Hospital Readmissions	3 Improve Patient Safety and Reduce Medical Errors	4 Wellness & Health Promotion Activities	5 HIT Expenses	6 Total (1 to 5)	7 Cost Containment Expenses	8 Other Claims Adjustment Expenses	General Administrative Expenses	Total Expenses (6 to 9)
1.	Individual Comprehensive Coverage Expenses:										
	1.1 Salaries (including $ 10,840 for affiliated services)	0	0	0	0	0	0	1,217	1,930	7,692	10,840
	1.2 Outsourced Services	0	0	0	0	0	0	140	221	720	1,081
	1.3 EDP Equipment and Software (incl $ 787 for affiliated services)	0	0	0	0	0	0	102	161	525	787
	1.4 Other Equipment (excl. EDP) (incl $ 76 for affiliated services)	0	0	0	0	0	0	10	15	50	76
	1.5 Accreditation and Certification (incl $ 8 for affiliated services)	0	XXX	XXX	XXX	XXX	0	1	2	5	8
	1.6 Other Expenses (incl $ 25,095 for affiliated services)	4,042	0	0	0	0	4,042	2,722	4,317	151,029	162,110
	1.7 Subtotal before Reimbursements and Taxes (Lines 1.1 to 1.6)	4,042	0	0	0	0	4,042	4,192	6,647	160,021	174,902
	1.8 Reimbursements by uninsured plans and fiscal intermediaries	0	0	0	0	0	0	0	0	0	0
	1.9 Taxes, Licenses and Fees (in total, for tying purposes)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	8,533	8,533
	1.10 Total (1.7 to 1.9)	4,042	0	0	0	0	4,042	4,192	6,647	168,555	183,436
	1.11 Total Fraud and Abuse Detection/Recovery Expenses included in Column 7 (informational only)	0	0	0	0	0	0	1,184	0	0	1,184
2.	Small Group Comprehensive Coverage Expenses:										
	2.1 Salaries (including $ 339,693 for affiliated services)	0	0	0	0	0	0	39,730	60,449	239,514	339,693
	2.2 Outsourced Services	0	0	0	0	0	0	18,813	6,928	24,250	49,990
	2.3 EDP Equipment and Software (incl $ 24,424 for affiliated services)	0	0	0	0	0	0	3,318	5,048	16,059	24,424
	2.4 Other Equipment (excl. EDP) (incl $ 2,344 for affiliated services)	0	0	0	0	0	0	318	485	1,541	2,344
	2.5 Accreditation and Certification (incl $ 255 for affiliated services)	0	XXX	XXX	XXX	XXX	0	35	53	167	255
	2.6 Other Expenses (incl $ 783,894 for affiliated services)	126,327	0	0	0	0	126,327	91,286	135,198	1,738,983	2,091,795
	2.7 Subtotal before Reimbursements and Taxes (Lines 2.1 to 2.6)	126,327	0	0	0	0	126,327	153,499	208,160	2,020,515	2,508,501
	2.8 Reimbursements by uninsured plans and fiscal intermediaries	0	0	0	0	0	0	0	0	0	0
	2.9 Taxes, Licenses and Fees (in total, for tying purposes)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	286,327	286,327
	2.10 Total (2.7 to 2.9)	126,327	0	0	0	0	126,327	153,499	208,160	2,306,842	2,794,828
	2.11 Total Fraud and Abuse Detection/Recovery Expenses included in Column 7 (informational only)	0	0	0	0	0	0	39,064	0	0	39,064
3.	Large Group Comprehensive Coverage Expenses:										
	3.1 Salaries (including $ 2,433,949 for affiliated services)	0	0	0	0	0	0	341,745	484,817	1,607,386	2,433,949
	3.2 Outsourced Services	0	0	0	0	0	0	120,949	55,561	181,090	357,600
	3.3 EDP Equipment and Software (incl $ 163,048 for affiliated services)	0	0	0	0	0	0	28,537	40,485	94,026	163,048
	3.4 Other Equipment (excl. EDP) (incl $ 15,651 for affiliated services)	0	0	0	0	0	0	2,739	3,886	9,025	15,651
	3.5 Accreditation and Certification (incl $ 1,699 for affiliated services)	0	XXX	XXX	XXX	XXX	0	297	422	980	1,699
	3.6 Other Expenses (incl $ 5,574,352 for affiliated services)	926,609	0	0	0	0	926,609	785,859	1,084,326	3,714,765	6,511,559
	3.7 Subtotal before Reimbursements and Taxes (Lines 3.1 to 3.6)	926,609	0	0	0	0	926,609	1,280,127	1,669,497	5,607,273	9,483,506
	3.8 Reimbursements by uninsured plans and fiscal intermediaries	0	0	0	0	0	0	0	0	0	0
	3.9 Taxes, Licenses and Fees (in total, for tying purposes)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	2,519,437	2,519,437
	3.10 Total (3.7 to 3.9)	926,609	0	0	0	0	926,609	1,280,127	1,669,497	8,126,710	12,002,943
	3.11 Total Fraud and Abuse Detection/Recovery Expenses included in Column 7 (informational only)	0	0	0	0	0	0	355,096	0	0	355,096

SUPPLEMENT FOR THE YEAR 2018 OF THE UnitedHealthcare Insurance Company

SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 3 (Continued)

	All Expenses	Improving Health Care Quality Expenses						Claims Adjustment Expenses		9	10
		1 Improve Health Outcomes	2 Activities to Prevent Hospital Readmissions	3 Improve Patient Safety and Reduce Medical Errors	4 Wellness & Health Promotion Activities	5 HIT Expenses	6 Total (1 to 5)	7 Cost Containment Expenses	8 Other Claims Adjustment Expenses	General Administrative Expenses	Total Expenses (6 to 9)
4.	Individual Mini-Med Plans Expenses:										
	4.1 Salaries (including $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	4.2 Outsourced Services	0	0	0	0	0	0	0	0	0	0
	4.3 EDP Equipment and Software (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	4.4 Other Equipment (excl. EDP) (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	4.5 Accreditation and Certification (incl $ 0 for affiliated services)	0	XXX	XXX	XXX	XXX	0	0	0	0	0
	4.6 Other Expenses (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	4.7 Subtotal before Reimbursements and Taxes (Lines 4.1 to 4.6)	0	0	0	0	0	0	0	0	0	0
	4.8 Reimbursements by uninsured plans and fiscal intermediaries	0	0	0	0	0	0	0	0	0	0
	4.9 Taxes, Licenses and Fees (in total, for tying purposes)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0
	4.10 Total (4.7 to 4.9)	0	0	0	0	0	0	0	0	0	0
	4.11 Total Fraud and Abuse Detection/Recovery Expenses included in Column 7 (informational only)	0	0	0	0	0	0	0	0	0	0
5.	Small Group Mini-Med Plans Expenses:										
	5.1 Salaries (including $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	5.2 Outsourced Services	0	0	0	0	0	0	0	0	0	0
	5.3 EDP Equipment and Software (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	5.4 Other Equipment (excl. EDP) (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	5.5 Accreditation and Certification (incl $ 0 for affiliated services)	0	XXX	XXX	XXX	XXX	0	0	0	0	0
	5.6 Other Expenses (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	5.7 Subtotal before Reimbursements and Taxes (Lines 5.1 to 5.6)	0	0	0	0	0	0	0	0	0	0
	5.8 Reimbursements by uninsured plans and fiscal intermediaries	0	0	0	0	0	0	0	0	0	0
	5.9 Taxes, Licenses and Fees (in total, for tying purposes)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0
	5.10 Total (5.7 to 5.9)	0	0	0	0	0	0	0	0	0	0
	5.11 Total Fraud and Abuse Detection/Recovery Expenses included in Column 7 (informational only)	0	0	0	0	0	0	0	0	0	0
6.	Large Group Mini-Med Plans Expenses:										
	6.1 Salaries (including $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	6.2 Outsourced Services	0	0	0	0	0	0	0	0	0	0
	6.3 EDP Equipment and Software (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	6.4 Other Equipment (excl. EDP) (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	6.5 Accreditation and Certification (incl $ 0 for affiliated services)	0	XXX	XXX	XXX	XXX	0	0	0	0	0
	6.6 Other Expenses (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	6.7 Subtotal before Reimbursements and Taxes (Lines 6.1 to 6.6)	0	0	0	0	0	0	0	0	0	0
	6.8 Reimbursements by uninsured plans and fiscal intermediaries	0	0	0	0	0	0	0	0	0	0
	6.9 Taxes, Licenses and Fees (in total, for tying purposes)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0
	6.10 Total (6.7 to 6.9)	0	0	0	0	0	0	0	0	0	0
	6.11 Total Fraud and Abuse Detection/Recovery Expenses included in Column 7 (informational only)	0	0	0	0	0	0	0	0	0	0

SUPPLEMENT FOR THE YEAR 2018 OF THE UnitedHealthcare Insurance Company

SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 3 (Continued)

	All Expenses	Improving Health Care Quality Expenses						Claims Adjustment Expenses		9	10
		1 Improve Health Outcomes	2 Activities to Prevent Hospital Readmissions	3 Improve Patient Safety and Reduce Medical Errors	4 Wellness & Health Promotion Activities	5 HIT Expenses	6 Total (1 to 5)	7 Cost Containment Expenses	8 Other Claims Adjustment Expenses	General Administrative Expenses	Total Expenses (6 to 9)
7.	Small Group Expatriate Plans Expenses:										
	7.1 Salaries (including $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	7.2 Outsourced Services	0	0	0	0	0	0	0	0	0	0
	7.3 EDP Equipment and Software (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	7.4 Other Equipment (excl. EDP) (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	7.5 Accreditation and Certification (incl $ 0 for affiliated services)	0	XXX	XXX	XXX	XXX	0	0	0	0	0
	7.6 Other Expenses (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	7.7 Subtotal before Reimbursements and Taxes (Lines 7.1 to 7.6)	0	0	0	0	0	0	0	0	0	0
	7.8 Reimbursements by uninsured plans and fiscal intermediaries	0	0	0	0	0	0	0	0	0	0
	7.9 Taxes, Licenses and Fees (in total, for tying purposes)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0
	7.10 Total (7.7 to 7.9)	0	0	0	0	0	0	0	0	0	0
	7.11 Total Fraud and Abuse Detection/Recovery Expenses included in Column 7 (informational only)	0	0	0	0	0	0	0	0	0	0
8.	Large Group Expatriate Plans Expenses:										
	8.1 Salaries (including $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	8.2 Outsourced Services	0	0	0	0	0	0	0	0	0	0
	8.3 EDP Equipment and Software (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	8.4 Other Equipment (excl. EDP) (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	8.5 Accreditation and Certification (incl $ 0 for affiliated services)	0	XXX	XXX	XXX	XXX	0	0	0	0	0
	8.6 Other Expenses (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	8.7 Subtotal before Reimbursements and Taxes (Lines 8.1 to 8.6)	0	0	0	0	0	0	0	0	0	0
	8.8 Reimbursements by uninsured plans and fiscal intermediaries	0	0	0	0	0	0	0	0	0	0
	8.9 Taxes, Licenses and Fees (in total, for tying purposes)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0
	8.10 Total (8.7 to 8.9)	0	0	0	0	0	0	0	0	0	0
	8.11 Total Fraud and Abuse Detection/Recovery Expenses included in Column 7 (informational only)	0	0	0	0	0	0	0	0	0	0
9.	Student Health Plans Expenses:										
	9.1 Salaries (including $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	9.2 Outsourced Services	0	0	0	0	0	0	0	0	0	0
	9.3 EDP Equipment and Software (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	9.4 Other Equipment (excl. EDP) (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	9.5 Accreditation and Certification (incl $ 0 for affiliated services)	0	XXX	XXX	XXX	XXX	0	0	0	0	0
	9.6 Other Expenses (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	9.7 Subtotal before Reimbursements and Taxes (Lines 9.1 to 9.6)	0	0	0	0	0	0	0	0	0	0
	9.8 Reimbursements by uninsured plans and fiscal intermediaries	0	0	0	0	0	0	0	0	0	0
	9.9 Taxes, Licenses and Fees (in total, for tying purposes)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0
	9.10 Total (9.7 to 9.9)	0	0	0	0	0	0	0	0	0	0
	9.11 Total Fraud and Abuse Detection/Recovery Expenses included in Column 7 (informational only)	0	0	0	0	0	0	0	0	0	0

SUPPLEMENT FOR THE YEAR 2018 OF THE UnitedHealthcare Insurance Company

SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 1

(To Be Filed by April 1 - Not for Rebate Purposes - See Cautionary Statement at http://www.naic.org/documents/committees_e_app_blanks_related_shce_cautionary_statement.pdf)

REPORT FOR: 1. CORPORATION UnitedHealthcare Insurance Company 2. 185 Asylum Street Hartford, CT 061033408 (LOCATION)

NAIC Group Code 0707 BUSINESS IN THE STATE OF South Carolina DURING THE YEAR 2018 NAIC Company Code 79413

	Business Subject to MLR									10	11	12	13	14	15
	Comprehensive Health Coverage			Mini-Med Plans			Expatriate Plans		9						
	1 Individual	2 Small Group Employer	3 Large Group Employer	4 Individual	5 Small Group Employer	6 Large Group Employer	7 Small Group	8 Large Group	Student Health Plans	Government Business (excluded by statute)	Other Health Business	Medicare Advantage Part C and Medicare Part D Stand-Alone Subject to ACA	Subtotal (Cols. 1 through 12)	Uninsured Plans	Total 13 + 14
1. Premium:															
1.1 Health premiums earned (From Part 2, Line 1.11)	717,934	29,453,950	76,140,910	0	0	0	0	0	0	0	187,599,123	1,868,269,208	2,162,181,124	XXX	2,162,181,124
1.2 Federal high risk pools	0	0	0	0	0	0	0	0	0	0	0	0	0	XXX	0
1.3 State high risk pools	(1,091)	(14,888)	(13,335)	0	0	0	0	0	0	0	101,441	0	72,128	XXX	72,128
1.4 Premiums earned including state and federal high risk programs (Lines 1.1 + 1.2 + 1.3)	716,842	29,439,062	76,127,575	0	0	0	0	0	0	0	187,700,565	1,868,269,208	2,162,253,252	XXX	2,162,253,252
1.5 Federal taxes and federal assessments	58,686	1,630,864	2,061,736	0	0	0	0	0	0	0	1,524,517	90,729,985	96,005,788	0	96,005,787
1.6 State insurance, premium and other taxes (Similar local taxes of $ 217,327)	3,414	487,142	1,213,961	0	0	0	0	0	0	0	3,023,357	187,990	4,915,864	0	4,915,864
1.6a Community Benefit Expenditures (informational only)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
1.7 Regulatory authority licenses and fees	428	4,234	6,453	0	0	0	0	0	0	0	(42,265)	0	(31,151)	0	(31,151)
1.8 Adjusted Premiums Earned (Lines 1.4 - 1.5 - 1.6 - 1.7)	654,315	27,316,821	72,845,426	0	0	0	0	0	0	0	183,194,957	1,777,351,233	2,061,362,752	XXX	2,061,362,752
1.9 Net Assumed less Ceded reinsurance premiums earned	0	0	(8,016,493)	0	0	0	0	0	0	0	(70,711)	0	(8,087,204)	XXX	(8,087,204)
1.10 Other Adjustments due to MLR calculations - Premiums	0	8,482	0	0	0	0	0	0	0	0	9,639	2,688,656	2,706,777	XXX	2,706,777
1.11 Risk Revenue	0	0	0	0	0	0	0	0	0	0	0	0	0	XXX	0
1.12 Net adjusted premiums earned after reinsurance (Lines 1.8 + 1.9 + 1.10 + 1.11)	654,315	27,325,303	64,828,933	0	0	0	0	0	0	0	183,133,885	1,780,039,889	2,055,982,325	XXX	2,055,982,325
2. Claims:															
2.1 Incurred claims excluding prescription drugs	380,518	18,202,365	54,825,462	0	0	0	0	0	0	0	144,922,882	1,308,087,700	1,526,418,927	XXX	1,526,418,927
2.2 Prescription drugs	49,554	3,846,394	13,312,450	0	0	0	0	0	0	0	980,579	330,660,006	348,848,983	XXX	348,848,983
2.3 Pharmaceutical rebates	8,138	1,007,558	4,353,440	0	0	0	0	0	0	0	90,943	211,929,955	217,390,033	XXX	217,390,033
2.4 State stop loss, market stabilization and claim/census based assessments (informational only)	1	16,508	45,796	0	0	0	0	0	0	0	33,192	0	95,497	XXX	95,497
3. Incurred medical incentive pools and bonuses	0	8,515	28,584	0	0	0	0	0	0	0	0	1,492,321	1,529,420	XXX	1,529,420
4. Deductible Fraud and Abuse Detection/Recovery Expenses (for MLR use only)	0	12,225	5,577	0	0	0	0	0	0	0	0	74,890	92,692	0	92,692
5. 5.0 Total Incurred Claims (Lines 2.1 + 2.2 - 2.3 + 3) (From Part 2, Line 2.15)	421,934	21,049,716	63,813,056	0	0	0	0	0	0	0	145,812,518	1,428,310,071	1,659,407,297	XXX	1,659,407,297
5.1 Net Assumed less Ceded reinsurance claims incurred	0	0	(6,178,454)	0	0	0	0	0	0	0	69,315	0	(6,109,139)	XXX	(6,109,139)
5.2 Other Adjustments due to MLR calculations - Claims	0	(609,363)	0	0	0	0	0	0	0	0	0	(1,267,468)	(1,876,831)	XXX	(1,876,831)
5.3 Rebates paid	0	553,826	0	0	0	0	0	0	0	XXX	XXX	91,344	645,170	XXX	645,170
5.4 Estimated rebates unpaid prior year	0	0	0	0	0	0	0	0	0	XXX	XXX	60,896	60,896	XXX	60,896
5.5 Estimated rebates unpaid current year	0	55,537	0	0	0	0	0	0	0	XXX	XXX	1,237,020	1,292,556	XXX	1,292,556
5.6 Fee for service and co-pay revenue	0	0	0	0	0	0	0	0	0	0	0	0	0	XXX	0
5.7 Net incurred claims after reinsurance (Lines 5.0 + 5.1 + 5.2 + 5.3 - 5.4 + 5.5 - 5.6)	421,934	21,049,716	57,634,603	0	0	0	0	0	0	0	145,881,833	1,428,310,071	1,653,298,157	XXX	1,653,298,157
6. Improving Health Care Quality Expenses Incurred:															
6.1 Improve health outcomes	5,743	235,632	609,127	0	0	0	0	0	0	0	517,488	12,447,862	13,815,852	0	13,815,852
6.2 Activities to prevent hospital readmissions	0	0	0	0	0	0	0	0	0	0	213,493	4,455,673	4,669,166	0	4,669,166
6.3 Improve patient safety and reduce medical errors	0	0	0	0	0	0	0	0	0	0	161,022	3,760,410	3,921,432	0	3,921,432
6.4 Wellness and health promotion activities	0	0	0	0	0	0	0	0	0	0	1,535,854	1,076,340	2,612,194	0	2,612,194
6.5 Health Information Technology expenses related to health improvement	0	0	0	0	0	0	0	0	0	0	106,133	5,388,504	5,494,637	0	5,494,637
6.6 Total of Defined Expenses Incurred for Improving Health Care Quality (Lines 6.1+6.2+6.3+6.4+6.5)	5,743	235,632	609,127	0	0	0	0	0	0	0	2,533,989	27,128,789	30,513,280	0	30,513,280
7. Preliminary Medical Loss Ratio: MLR ((Lines 4 + 5.0 + 6.6 - Footnote 2.0)/Line 1.8	0.651	0.780	0.884	0.000	0.000	0.000	0.000	0.000	0.000	XXX	XXX	0.819	XXX	XXX	XXX
8. Claims Adjustment Expenses:															
8.1 Cost containment expenses not included in quality of care expenses in Line 6.6	3,213	306,680	831,320	0	0	0	0	0	0	0	123,659	15,149,202	16,414,074	0	16,414,074
8.2 All other claims adjustment expenses	8,811	440,606	1,144,545	0	0	0	0	0	0	0	2,951,423	30,535,239	35,080,624	0	35,080,624
8.3 Total claims adjustment expenses (Lines 8.1 + 8.2)	12,024	747,286	1,975,865	0	0	0	0	0	0	0	3,075,082	45,684,441	51,494,697	0	51,494,697
9. Claims Adjustment Expense Ratio (Line 8.3/Line 1.8)	0.018	0.027	0.027	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.017	0.026	XXX	XXX	XXX

SUPPLEMENT FOR THE YEAR 2018 OF THE UnitedHealthcare Insurance Company

SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 1 (Continued)

	Business Subject to MLR									10	11	12	13	14	15
	Comprehensive Health Coverage			Mini-Med Plans			Expatriate Plans		9						
	1 Individual	2 Small Group Employer	3 Large Group Employer	4 Individual	5 Small Group Employer	6 Large Group Employer	7 Small Group	8 Large Group	Student Health Plans	Government Business (excluded by statute)	Other Health Business	Medicare Advantage Part C and Medicare Part D Stand-Alone Subject to ACA	Subtotal (Cols. 1 through 12)	Uninsured Plans	Total 13 + 14
10. General and Administrative (G&A) Expenses:															
10.1 Direct sales salaries and benefits	692	100,348	307,162	0	0	0	0	0	0	0	303,385	2,675,193	3,386,779	0	3,386,779
10.2 Agents and brokers fees and commissions	6,480	861,694	3,019,020	0	0	0	0	0	0	0	7,424,230	2,733,977	14,045,402	0	14,045,402
10.3 Other taxes (excluding taxes on Lines 1.5 through 1.7 and Line 14 below)	(1,658)	(8,120)	86,817	0	0	0	0	0	0	0	361,659	2,517,395	2,956,093	0	2,956,093
10.4 Other general and administrative expenses	36,879	1,486,885	2,118,354	0	0	0	0	0	0	0	19,030,692	75,094,201	97,767,011	0	97,767,011
10.4a Community Benefit Expenditures (informational only)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
10.5 Total general and administrative (Lines 10.1 +10.2 + 10.3 + 10.4)	42,393	2,440,807	5,531,353	0	0	0	0	0	0	0	27,119,966	83,020,766	118,155,285	0	118,155,285
11. Underwriting Gain/(Loss) (Lines 1.12 - 5.7 - 6.6 - 8.3 - 10.5)	172,220	2,851,862	(922,015)	0	0	0	0	0	0	0	4,523,016	195,895,822	202,520,905	XXX	202,520,905
12. Income from fees of uninsured plans	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0
13. Net investment and other gain/(loss)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	31,855,788	XXX	31,855,788
14. Federal income taxes (excluding taxes on Line 1.5 above)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1,460,402	XXX	1,460,402
15. Net gain or (loss) (Lines 11 + 12 + 13 - 14)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	232,916,292	XXX	232,916,291
16. ICD-10 Implementation Expenses (informational only; already included in general expenses and line 10.4)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
16. 16a ICD-10 Implementation Expenses (informational only; already included in line 10.4)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
OTHER INDICATORS:															
1. Number of certificates/policies	64	2,602	8,374	0	0	0	0	0	0	0	114,088	190,055	315,183	0	315,183
2. Number of Covered Lives	72	4,444	13,063	0	0	0	0	0	0	0	128,570	190,055	336,204	0	336,204
3. Number of Groups	XXX	357	151	XXX	0	0	0	0	0	0	1,029	2	1,539	0	1,539
4. Member Months	938	56,156	173,198	0	0	0	0	0	0	0	1,550,631	2,248,595	4,029,518	0	4,029,518

Is run off business reported in Columns 1 through 9 or 12? Yes [ ] No [ ] If yes, show the amount of premiums and claims included. Premiums $ 0 Claims $ 0

216-2.SC

AFFORDABLE CARE ACT (ACA) RECEIPTS, PAYMENTS, RECEIVABLES and PAYABLES

	Current Year Comprehensive Health Coverage		Prior Year Comprehensive Health Coverage	
	1 Individual Plans	2 Small Group Employer Plans	3 Individual Plans	4 Small Group Employer Plans
ACA Receivables and Payables				
1. Permanent ACA Risk Adjustment Program 1.0 Premium adjustments receivable/(payable)	38,141	603,066	201,691	1,128,242
2. Transitional ACA Reinsurance Program 2.0 Total amounts recoverable for claims (paid & unpaid)	1,487	XXX	51,777	XXX
3. Temporary ACA Risk Corridors Program 3.1 Accrued retrospective premium	0	0	0	0
3.2 Reserve for rate credits or policy experience refunds	0	0	0	0
ACA Receipts and Payments				
4. Permanent ACA Risk Adjustment Program 4.0 Premium adjustments receipts/(payments)	219,250	1,338,740	519,684	227,780
5. Transitional ACA Reinsurance Program 5.0 Amounts received for claims	50,290	XXX	254,976	XXX
6. Temporary ACA Risk Corridors Program 6.1 Retrospective premium received	0	0	0	0
6.2 Rate credits or policy experience refunds paid	0	0	0	0

SUPPLEMENT FOR THE YEAR 2018 OF THE UnitedHealthcare Insurance Company

SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 2

(To Be Filed by April 1 - Not for Rebate Purposes)

REPORT FOR: 1. CORPORATION UnitedHealthcare Insurance Company 2. 185 Asylum Street Hartford, CT 061033408 (LOCATION)

NAIC Group Code 0707 BUSINESS IN THE STATE OF South Carolina DURING THE YEAR 2018 NAIC Company Code 79413

	Business Subject to MLR												
	Comprehensive Health Coverage			Mini-Med Plans			Expatriate Plans:		9	10	11	12	13
	1	2	3	4	5	6	7	8					
	Individual	Small Group Employer	Large Group Employer	Individual	Small Group Employer	Large Group Employer	Small Group	Large Group	Student Health Plans	Government Business (excluded by statute)	Other Health Business	Medicare Advantage Part C and Medicare Part D Stand-Alone Subject to ACA	Total (a)
1. Health Premiums Earned:													
1.1 Direct premiums written	717,934	29,454,082	76,141,269	0	0	0	0	0	0	0	187,864,106	1,870,957,865	2,165,135,256
1.2 Unearned premium prior year	0	29,490	(359)	0	0	0	0	0	0	0	989,774	0	1,018,905
1.3 Unearned premium current year	0	21,140	0	0	0	0	0	0	0	0	1,245,118	0	1,266,259
1.4 Change in unearned premium (Lines 1.2 - 1.3)	0	8,349	(359)	0	0	0	0	0	0	0	(255,344)	0	(247,354)
1.5 Paid rate credits	192,755	553,826	(3,890)	0	0	0	0	0	0	0	(3,187,779)	279,112	(2,165,975)
1.6 Reserve for rate credits current year	0	55,537	0	0	0	0	0	0	0	0	105,387	6,000,072	6,160,996
1.7 Reserve for rate credits prior year	0	0	0	0	0	0	0	0	0	0	46,781	5,215,118	5,261,899
1.8 Change in reserve for rate credits (Lines 1.6 - 1.7)	0	55,537	0	0	0	0	0	0	0	0	58,606	784,955	899,097
1.9 Premium balances written off	0	8,482	0	0	0	0	0	0	0	0	9,639	2,688,656	2,706,777
1.10 Group conversion charge	0	0	0	0	0	0	0	0	0	0	0	0	0
1.11 Total direct premiums earned (Lines 1.1 + 1.4 - 1.9 + 1.10)	717,934	29,453,950	76,140,910	0	0	0	0	0	0	0	187,599,123	1,868,269,209	2,162,181,125
1.12 Assumed premiums earned from non-affiliates	0	0	0	0	0	0	0	0	0	0	0	0	0
1.13 Net Assumed less Ceded premiums earned from affiliates	0	0	0	0	0	0	0	0	0	0	0	0	0
1.14 Ceded premiums earned to non-affiliates	0	0	8,016,493	0	0	0	0	0	0	0	70,711	0	8,087,204
1.15 Other Adjustments due to MLR calculation - Premiums	0	8,482	0	0	0	0	0	0	0	0	9,639	2,688,656	2,706,777
1.16 Net premiums earned (Lines 1.11 - 1.5 - 1.8 + 1.12 + 1.13 - 1.14 + 1.15)	525,179	28,853,069	68,128,307	0	0	0	0	0	0	0	190,667,225	1,869,893,798	2,158,067,577
2. Direct Claims Incurred:													
2.1 Paid claims during the year	332,188	20,393,462	65,784,290	0	0	0	0	0	0	0	148,185,335	1,439,458,130	1,674,153,405
2.2 Direct claim liability current year	24,308	2,524,681	8,175,836	0	0	0	0	0	0	0	20,132,474	216,459,095	247,316,394
2.3 Direct claim liability prior year	53,511	2,592,715	10,534,251	0	0	0	0	0	0	0	18,871,333	212,462,203	244,514,013
2.4 Direct claim reserves current year	2,399	61,582	186,148	0	0	0	0	0	0	0	5,394,678	289,940	5,934,746
2.5 Direct claim reserves prior year	3,624	53,411	287,997	0	0	0	0	0	0	0	5,890,608	271,770	6,507,410
2.6 Direct contract reserves current year	193,496	0	0	0	0	0	0	0	0	0	36,328	0	229,824
2.7 Direct contract reserves prior year	266,026	0	0	0	0	0	0	0	0	0	30,300	0	296,326
2.8 Paid rate credits	192,755	553,826	(3,890)	0	0	0	0	0	0	0	(3,187,779)	279,112	(2,165,975)
2.9 Reserve for rate credits current year	0	55,537	0	0	0	0	0	0	0	0	105,387	6,000,072	6,160,996
2.10 Reserve for rate credits prior year	0	0	0	0	0	0	0	0	0	0	46,781	5,215,118	5,261,899
2.11 Incurred medical incentive pools and bonuses (Lines 2.11a + 2.11b - 2.11c)	0	8,515	28,584	0	0	0	0	0	0	0	0	1,492,321	1,529,420
2.11a Paid medical incentive pools and bonuses current year	0	5,612	15,417	0	0	0	0	0	0	0	0	2,984,990	3,006,020
2.11b Accrued medical incentive pools and bonuses current year	0	10,745	39,569	0	0	0	0	0	0	0	0	1,764,128	1,814,442
2.11c Accrued medical incentive pools and bonuses prior year	0	7,842	26,403	0	0	0	0	0	0	0	0	3,256,797	3,291,041
2.12 Net healthcare receivables (Lines 2.12a - 2.12b)	51	(98,239)	(464,336)	0	0	0	0	0	0	0	14,882	17,719,509	17,171,866
2.12a Healthcare receivables current year	1,495	434,524	1,621,827	0	0	0	0	0	0	0	36,774	95,961,489	98,056,110
2.12b Healthcare receivables prior year	1,444	532,764	2,086,163	0	0	0	0	0	0	0	21,892	78,241,981	80,884,244
2.13 Group conversion charge	0	0	0	0	0	0	0	0	0	0	0	0	0
2.14 Multi-option coverage blended rate adjustment	0	0	0	0	0	0	0	0	0	0	0	0	0
2.15 Total incurred claims (Lines 2.1 + 2.2 - 2.3 + 2.4 - 2.5 + 2.6 - 2.7 + 2.8 + 2.9 - 2.10 + 2.11 - 2.12 + 2.13 + 2.14)	421,934	21,049,716	63,813,056	0	0	0	0	0	0	0	145,812,518	1,428,310,072	1,659,407,297
2.16 Assumed incurred claims from non-affiliates	0	0	0	0	0	0	0	0	0	0	0	0	0
2.17 Net assumed less ceded incurred claims from affiliates	0	0	0	0	0	0	0	0	0	0	0	0	0
2.18 Ceded incurred claims to non-affiliates	0	0	6,178,454	0	0	0	0	0	0	0	(69,315)	0	6,109,139
2.19 Other adjustments due to MLR calculation - Claims	0	0	0	0	0	0	0	0	0	0	0	0	0
2.20 Net Incurred Claims (Lines 2.15 - 2.8 - 2.9 + 2.10 + 2.16 + 2.17 - 2.18 + 2.19)	229,179	20,440,353	57,638,492	0	0	0	0	0	0	0	149,011,006	1,427,246,004	1,654,565,036
3. Fraud and Abuse Recoveries that Reduced PAID Claims in Line 2.1 above (informational only)	0	12,225	5,577	0	0	0	0	0	0	0	0	74,890	92,692

(a) Column 13, Line 1.1 includes direct written premium of $ 3,394,734 for stand-alone dental and $ 1,659,905 for stand-alone vision policies.

SUPPLEMENT FOR THE YEAR 2018 OF THE UnitedHealthcare Insurance Company

SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 3

(To Be Filed by April 1 - Not for Rebate Purposes)

REPORT FOR: 1. CORPORATION UnitedHealthcare Insurance Company 2. 185 Asylum Street Hartford, CT 061033408 (LOCATION)

NAIC Group Code 0707 BUSINESS IN THE STATE OF South Carolina DURING THE YEAR 2018 NAIC Company Code 79413

	All Expenses	Improving Health Care Quality Expenses						Claims Adjustment Expenses		9	10
		1 Improve Health Outcomes	2 Activities to Prevent Hospital Readmissions	3 Improve Patient Safety and Reduce Medical Errors	4 Wellness & Health Promotion Activities	5 HIT Expenses	6 Total (1 to 5)	7 Cost Containment Expenses	8 Other Claims Adjustment Expenses	General Administrative Expenses	Total Expenses (6 to 9)
1.	Individual Comprehensive Coverage Expenses:										
	1.1 Salaries (including $ 17,796 for affiliated services)	0	0	0	0	0	0	911	4,549	12,337	17,796
	1.2 Outsourced Services	0	0	0	0	0	0	111	153	604	868
	1.3 EDP Equipment and Software (incl $ 635 for affiliated services)	0	0	0	0	0	0	76	103	456	635
	1.4 Other Equipment (excl. EDP) (incl $ 61 for affiliated services)	0	0	0	0	0	0	7	10	29	46
	1.5 Accreditation and Certification (incl $ 7 for affiliated services)	0	XXX	XXX	XXX	XXX	0	1	1	5	7
	1.6 Other Expenses (incl $ 17,196 for affiliated services)	5,743	0	0	0	0	5,743	2,042	3,927	30,572	42,285
	1.7 Subtotal before Reimbursements and Taxes (Lines 1.1 to 1.6)	5,743	0	0	0	0	5,743	3,149	8,742	44,002	61,637
	1.8 Reimbursements by uninsured plans and fiscal intermediaries	0	0	0	0	0	0	0	0	0	0
	1.9 Taxes, Licenses and Fees (in total, for tying purposes)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	2,365	2,365
	1.10 Total (1.7 to 1.9)	5,743	0	0	0	0	5,743	3,149	8,742	46,368	64,002
	1.11 Total Fraud and Abuse Detection/Recovery Expenses included in Column 7 (informational only)	0	0	0	0	0	0	556	0	0	556
2.	Small Group Comprehensive Coverage Expenses:										
	2.1 Salaries (including $ 661,368 for affiliated services)	0	0	0	0	0	0	78,329	125,059	457,981	661,368
	2.2 Outsourced Services	0	0	0	0	0	0	31,303	14,332	51,455	97,090
	2.3 EDP Equipment and Software (incl $ 47,149 for affiliated services)	0	0	0	0	0	0	6,541	10,443	30,165	47,149
	2.4 Other Equipment (excl. EDP) (incl $ 4,526 for affiliated services)	0	0	0	0	0	0	628	1,002	2,896	4,526
	2.5 Accreditation and Certification (incl $ 491 for affiliated services)	0	XXX	XXX	XXX	XXX	0	68	109	314	491
	2.6 Other Expenses (incl $ 1,478,724 for affiliated services)	235,632	0	0	0	0	235,632	180,457	279,702	1,899,020	2,594,810
	2.7 Subtotal before Reimbursements and Taxes (Lines 2.1 to 2.6)	235,632	0	0	0	0	235,632	297,326	430,647	2,441,831	3,405,435
	2.8 Reimbursements by uninsured plans and fiscal intermediaries	0	0	0	0	0	0	0	0	0	0
	2.9 Taxes, Licenses and Fees (in total, for tying purposes)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	509,667	509,667
	2.10 Total (2.7 to 2.9)	235,632	0	0	0	0	235,632	297,326	430,647	2,951,497	3,915,101
	2.11 Total Fraud and Abuse Detection/Recovery Expenses included in Column 7 (informational only)	0	0	0	0	0	0	80,748	0	0	80,748
3.	Large Group Comprehensive Coverage Expenses:										
	3.1 Salaries (including $ 1,562,418 for affiliated services)	0	0	0	0	0	0	220,499	325,625	1,016,295	1,562,418
	3.2 Outsourced Services	0	0	0	0	0	0	56,450	37,317	87,573	181,340
	3.3 EDP Equipment and Software (incl $ 105,742 for affiliated services)	0	0	0	0	0	0	18,413	27,191	60,138	105,742
	3.4 Other Equipment (excl. EDP) (incl $ 10,150 for affiliated services)	0	0	0	0	0	0	1,767	2,610	5,773	10,150
	3.5 Accreditation and Certification (incl $ 1,102 for affiliated services)	0	XXX	XXX	XXX	XXX	0	192	283	627	1,102
	3.6 Other Expenses (incl $ 3,553,918 for affiliated services)	609,127	0	0	0	0	609,127	507,679	728,282	4,252,746	6,097,835
	3.7 Subtotal before Reimbursements and Taxes (Lines 3.1 to 3.6)	609,127	0	0	0	0	609,127	805,000	1,121,309	5,423,151	7,958,588
	3.8 Reimbursements by uninsured plans and fiscal intermediaries	0	0	0	0	0	0	0	0	0	0
	3.9 Taxes, Licenses and Fees (in total, for tying purposes)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1,378,171	1,378,171
	3.10 Total (3.7 to 3.9)	609,127	0	0	0	0	609,127	805,000	1,121,309	6,801,322	9,336,759
	3.11 Total Fraud and Abuse Detection/Recovery Expenses included in Column 7 (informational only)	0	0	0	0	0	0	240,785	0	0	240,785

SUPPLEMENT FOR THE YEAR 2018 OF THE UnitedHealthcare Insurance Company

SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 3 (Continued)

	All Expenses	Improving Health Care Quality Expenses						Claims Adjustment Expenses		9	10
		1 Improve Health Outcomes	2 Activities to Prevent Hospital Readmissions	3 Improve Patient Safety and Reduce Medical Errors	4 Wellness & Health Promotion Activities	5 HIT Expenses	6 Total (1 to 5)	7 Cost Containment Expenses	8 Other Claims Adjustment Expenses	General Administrative Expenses	Total Expenses (6 to 9)
4.	Individual Mini-Med Plans Expenses:										
	4.1 Salaries (including $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	4.2 Outsourced Services	0	0	0	0	0	0	0	0	0	0
	4.3 EDP Equipment and Software (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	4.4 Other Equipment (excl. EDP) (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	4.5 Accreditation and Certification (incl $ 0 for affiliated services)	0	XXX	XXX	XXX	XXX	0	0	0	0	0
	4.6 Other Expenses (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	4.7 Subtotal before Reimbursements and Taxes (Lines 4.1 to 4.6)	0	0	0	0	0	0	0	0	0	0
	4.8 Reimbursements by uninsured plans and fiscal intermediaries	0	0	0	0	0	0	0	0	0	0
	4.9 Taxes, Licenses and Fees (in total, for tying purposes)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0
	4.10 Total (4.7 to 4.9)	0	0	0	0	0	0	0	0	0	0
	4.11 Total Fraud and Abuse Detection/Recovery Expenses included in Column 7 (informational only)	0	0	0	0	0	0	0	0	0	0
5.	Small Group Mini-Med Plans Expenses:										
	5.1 Salaries (including $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	5.2 Outsourced Services	0	0	0	0	0	0	0	0	0	0
	5.3 EDP Equipment and Software (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	5.4 Other Equipment (excl. EDP) (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	5.5 Accreditation and Certification (incl $ 0 for affiliated services)	0	XXX	XXX	XXX	XXX	0	0	0	0	0
	5.6 Other Expenses (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	5.7 Subtotal before Reimbursements and Taxes (Lines 5.1 to 5.6)	0	0	0	0	0	0	0	0	0	0
	5.8 Reimbursements by uninsured plans and fiscal intermediaries	0	0	0	0	0	0	0	0	0	0
	5.9 Taxes, Licenses and Fees (in total, for tying purposes)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0
	5.10 Total (5.7 to 5.9)	0	0	0	0	0	0	0	0	0	0
	5.11 Total Fraud and Abuse Detection/Recovery Expenses included in Column 7 (informational only)	0	0	0	0	0	0	0	0	0	0
6.	Large Group Mini-Med Plans Expenses:										
	6.1 Salaries (including $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	6.2 Outsourced Services	0	0	0	0	0	0	0	0	0	0
	6.3 EDP Equipment and Software (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	6.4 Other Equipment (excl. EDP) (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	6.5 Accreditation and Certification (incl $ 0 for affiliated services)	0	XXX	XXX	XXX	XXX	0	0	0	0	0
	6.6 Other Expenses (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	6.7 Subtotal before Reimbursements and Taxes (Lines 6.1 to 6.6)	0	0	0	0	0	0	0	0	0	0
	6.8 Reimbursements by uninsured plans and fiscal intermediaries	0	0	0	0	0	0	0	0	0	0
	6.9 Taxes, Licenses and Fees (in total, for tying purposes)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0
	6.10 Total (6.7 to 6.9)	0	0	0	0	0	0	0	0	0	0
	6.11 Total Fraud and Abuse Detection/Recovery Expenses included in Column 7 (informational only)	0	0	0	0	0	0	0	0	0	0

SUPPLEMENT FOR THE YEAR 2018 OF THE UnitedHealthcare Insurance Company

SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 3 (Continued)

	All Expenses	Improving Health Care Quality Expenses						Claims Adjustment Expenses		9	10
		1 Improve Health Outcomes	2 Activities to Prevent Hospital Readmissions	3 Improve Patient Safety and Reduce Medical Errors	4 Wellness & Health Promotion Activities	5 HIT Expenses	6 Total (1 to 5)	7 Cost Containment Expenses	8 Other Claims Adjustment Expenses	General Administrative Expenses	Total Expenses (6 to 9)
7.	Small Group Expatriate Plans Expenses:										
	7.1 Salaries (including $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	7.2 Outsourced Services	0	0	0	0	0	0	0	0	0	0
	7.3 EDP Equipment and Software (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	7.4 Other Equipment (excl. EDP) (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	7.5 Accreditation and Certification (incl $ 0 for affiliated services)	0	XXX	XXX	XXX	XXX	0	0	0	0	0
	7.6 Other Expenses (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	7.7 Subtotal before Reimbursements and Taxes (Lines 7.1 to 7.6)	0	0	0	0	0	0	0	0	0	0
	7.8 Reimbursements by uninsured plans and fiscal intermediaries	0	0	0	0	0	0	0	0	0	0
	7.9 Taxes, Licenses and Fees (in total, for tying purposes)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0
	7.10 Total (7.7 to 7.9)	0	0	0	0	0	0	0	0	0	0
	7.11 Total Fraud and Abuse Detection/Recovery Expenses included in Column 7 (informational only)	0	0	0	0	0	0	0	0	0	0
8.	Large Group Expatriate Plans Expenses:										
	8.1 Salaries (including $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	8.2 Outsourced Services	0	0	0	0	0	0	0	0	0	0
	8.3 EDP Equipment and Software (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	8.4 Other Equipment (excl. EDP) (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	8.5 Accreditation and Certification (incl $ 0 for affiliated services)	0	XXX	XXX	XXX	XXX	0	0	0	0	0
	8.6 Other Expenses (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	8.7 Subtotal before Reimbursements and Taxes (Lines 8.1 to 8.6)	0	0	0	0	0	0	0	0	0	0
	8.8 Reimbursements by uninsured plans and fiscal intermediaries	0	0	0	0	0	0	0	0	0	0
	8.9 Taxes, Licenses and Fees (in total, for tying purposes)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0
	8.10 Total (8.7 to 8.9)	0	0	0	0	0	0	0	0	0	0
	8.11 Total Fraud and Abuse Detection/Recovery Expenses included in Column 7 (informational only)	0	0	0	0	0	0	0	0	0	0
9.	Student Health Plans Expenses:										
	9.1 Salaries (including $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	9.2 Outsourced Services	0	0	0	0	0	0	0	0	0	0
	9.3 EDP Equipment and Software (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	9.4 Other Equipment (excl. EDP) (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	9.5 Accreditation and Certification (incl $ 0 for affiliated services)	0	XXX	XXX	XXX	XXX	0	0	0	0	0
	9.6 Other Expenses (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	9.7 Subtotal before Reimbursements and Taxes (Lines 9.1 to 9.6)	0	0	0	0	0	0	0	0	0	0
	9.8 Reimbursements by uninsured plans and fiscal intermediaries	0	0	0	0	0	0	0	0	0	0
	9.9 Taxes, Licenses and Fees (in total, for tying purposes)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0
	9.10 Total (9.7 to 9.9)	0	0	0	0	0	0	0	0	0	0
	9.11 Total Fraud and Abuse Detection/Recovery Expenses included in Column 7 (informational only)	0	0	0	0	0	0	0	0	0	0

SUPPLEMENT FOR THE YEAR 2018 OF THE UnitedHealthcare Insurance Company

SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 1

(To Be Filed by April 1 - Not for Rebate Purposes - See Cautionary Statement at http://www.naic.org/documents/committees_e_app_blanks_related_shce_cautionary_statement.pdf)

REPORT FOR: 1. CORPORATION UnitedHealthcare Insurance Company 2. 185 Asylum Street Hartford, CT 061033408 (LOCATION)

NAIC Group Code 0707 BUSINESS IN THE STATE OF South Dakota DURING THE YEAR 2018 NAIC Company Code 79413

	Business Subject to MLR									10	11	12	13	14	15
	Comprehensive Health Coverage			Mini-Med Plans			Expatriate Plans		9						
	1 Individual	2 Small Group Employer	3 Large Group Employer	4 Individual	5 Small Group Employer	6 Large Group Employer	7 Small Group	8 Large Group	Student Health Plans	Government Business (excluded by statute)	Other Health Business	Medicare Advantage Part C and Medicare Part D Stand-Alone Subject to ACA	Subtotal (Cols. 1 through 12)	Uninsured Plans	Total 13 + 14
1. Premium:															
1.1 Health premiums earned (From Part 2, Line 1.11)	0	0	6,176	0	0	0	0	0	0	0	12,487,516	4,634,325	17,128,017	XXX	17,128,017
1.2 Federal high risk pools	0	0	0	0	0	0	0	0	0	0	0	0	0	XXX	0
1.3 State high risk pools	0	(858)	0	0	0	0	0	0	0	0	7,283	0	6,425	XXX	6,425
1.4 Premiums earned including state and federal high risk programs (Lines 1.1 + 1.2 + 1.3)	0	(858)	6,176	0	0	0	0	0	0	0	12,494,799	4,634,325	17,134,443	XXX	17,134,443
1.5 Federal taxes and federal assessments	48	398	1,554	0	0	0	0	0	0	0	113,265	(19,196)	96,069	0	96,069
1.6 State insurance, premium and other taxes (Similar local taxes of $ 1,817)	0	(174)	(57)	0	0	0	0	0	0	0	225,245	679	225,693	0	225,693
1.6a Community Benefit Expenditures (informational only)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
1.7 Regulatory authority licenses and fees	0	(3)	0	0	0	0	0	0	0	0	(3,086)	0	(3,088)	0	(3,088)
1.8 Adjusted Premiums Earned (Lines 1.4 - 1.5 - 1.6 - 1.7)	(48)	(1,078)	4,679	0	0	0	0	0	0	0	12,159,376	4,652,841	16,815,770	XXX	16,815,770
1.9 Net Assumed less Ceded reinsurance premiums earned	0	0	0	0	0	0	0	0	0	0	0	0	0	XXX	0
1.10 Other Adjustments due to MLR calculations - Premiums	0	0	0	0	0	0	0	0	0	0	229	49,265	49,494	XXX	49,494
1.11 Risk Revenue	0	0	0	0	0	0	0	0	0	0	0	0	0	XXX	0
1.12 Net adjusted premiums earned after reinsurance (Lines 1.8 + 1.9 + 1.10 + 1.11)	(48)	(1,078)	4,679	0	0	0	0	0	0	0	12,159,604	4,702,106	16,865,264	XXX	16,865,264
2. Claims:															
2.1 Incurred claims excluding prescription drugs	58	0	(141)	0	0	0	0	0	0	0	9,418,617	(85,761)	9,332,773	XXX	9,332,773
2.2 Prescription drugs	0	0	0	0	0	0	0	0	0	0	3,975	10,492,475	10,496,450	XXX	10,496,450
2.3 Pharmaceutical rebates	0	0	0	0	0	0	0	0	0	0	1,158	6,041,643	6,042,802	XXX	6,042,802
2.4 State stop loss, market stabilization and claim/census based assessments (informational only)	0	0	0	0	0	0	0	0	0	0	0	0	0	XXX	0
3. Incurred medical incentive pools and bonuses	0	0	0	0	0	0	0	0	0	0	0	0	0	XXX	0
4. Deductible Fraud and Abuse Detection/Recovery Expenses (for MLR use only)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
5. 5.0 Total Incurred Claims (Lines 2.1 + 2.2 - 2.3 + 3) (From Part 2, Line 2.15)	58	0	(141)	0	0	0	0	0	0	0	9,421,433	4,365,071	13,786,421	XXX	13,786,421
5.1 Net Assumed less Ceded reinsurance claims incurred	0	0	0	0	0	0	0	0	0	0	0	0	0	XXX	0
5.2 Other Adjustments due to MLR calculations - Claims	0	0	0	0	0	0	0	0	0	0	0	0	0	XXX	0
5.3 Rebates paid	0	0	0	0	0	0	0	0	0	XXX	XXX	0	0	XXX	0
5.4 Estimated rebates unpaid prior year	0	0	0	0	0	0	0	0	0	XXX	XXX	0	0	XXX	0
5.5 Estimated rebates unpaid current year	0	0	0	0	0	0	0	0	0	XXX	XXX	0	0	XXX	0
5.6 Fee for service and co-pay revenue	0	0	0	0	0	0	0	0	0	0	0	0	0	XXX	0
5.7 Net incurred claims after reinsurance (Lines 5.0 + 5.1 + 5.2 + 5.3 - 5.4 + 5.5 - 5.6)	58	0	(141)	0	0	0	0	0	0	0	9,421,433	4,365,071	13,786,421	XXX	13,786,421
6. Improving Health Care Quality Expenses Incurred:															
6.1 Improve health outcomes	0	0	49	0	0	0	0	0	0	0	70,060	3,837	73,947	0	73,947
6.2 Activities to prevent hospital readmissions	0	0	0	0	0	0	0	0	0	0	60,180	2,840	63,021	0	63,021
6.3 Improve patient safety and reduce medical errors	0	0	0	0	0	0	0	0	0	0	44,747	1,573	46,320	0	46,320
6.4 Wellness and health promotion activities	0	0	0	0	0	0	0	0	0	0	102,724	(4,148)	98,576	0	98,576
6.5 Health Information Technology expenses related to health improvement	0	0	0	0	0	0	0	0	0	0	14,634	6,867	21,500	0	21,500
6.6 Total of Defined Expenses Incurred for Improving Health Care Quality (Lines 6.1+6.2+6.3+6.4+6.5)	0	0	49	0	0	0	0	0	0	0	292,345	10,969	303,364	0	303,364
7. Preliminary Medical Loss Ratio: MLR ((Lines 4 + 5.0 + 6.6 - Footnote 2.0)/Line 1.8	(1.204)	0.000	(0.020)	0.000	0.000	0.000	0.000	0.000	0.000	XXX	XXX	0.941	XXX	XXX	XXX
8. Claims Adjustment Expenses:															
8.1 Cost containment expenses not included in quality of care expenses in Line 6.6	0	0	0	0	0	0	0	0	0	0	3,252	(20,861)	(17,610)	0	(17,610)
8.2 All other claims adjustment expenses	0	0	61	0	0	0	0	0	0	0	191,262	61,053	252,376	0	252,376
8.3 Total claims adjustment expenses (Lines 8.1 + 8.2)	0	0	61	0	0	0	0	0	0	0	194,514	40,191	234,766	0	234,766
9. Claims Adjustment Expense Ratio (Line 8.3/Line 1.8)	0.000	0.000	0.013	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.016	0.009	XXX	XXX	XXX

SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 1 (Continued)

	Business Subject to MLR									10	11	12	13	14	15
	Comprehensive Health Coverage			Mini-Med Plans			Expatriate Plans		9						
	1 Individual	2 Small Group Employer	3 Large Group Employer	4 Individual	5 Small Group Employer	6 Large Group Employer	7 Small Group	8 Large Group	Student Health Plans	Government Business (excluded by statute)	Other Health Business	Medicare Advantage Part C and Medicare Part D Stand-Alone Subject to ACA	Subtotal (Cols. 1 through 12)	Uninsured Plans	Total 13 + 14
10. General and Administrative (G&A) Expenses:															
10.1 Direct sales salaries and benefits	0	0	0	0	0	0	0	0	0	0	16,464	15,764	32,229	0	32,229
10.2 Agents and brokers fees and commissions	0	0	0	0	0	0	0	0	0	0	467,907	56,451	524,358	0	524,358
10.3 Other taxes (excluding taxes on Lines 1.5 through 1.7 and Line 14 below)	(297)	(2,679)	(36)	0	0	0	0	0	0	0	23,436	10,549	30,973	0	30,973
10.4 Other general and administrative expenses	0	0	240	0	0	0	0	0	0	0	1,278,397	307,338	1,585,975	0	1,585,975
10.4a Community Benefit Expenditures (informational only)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
10.5 Total general and administrative (Lines 10.1 +10.2 + 10.3 + 10.4)	(297)	(2,679)	204	0	0	0	0	0	0	0	1,786,204	390,102	2,173,534	0	2,173,534
11. Underwriting Gain/(Loss) (Lines 1.12 - 5.7 - 6.6 - 8.3 - 10.5)	192	1,601	4,506	0	0	0	0	0	0	0	465,108	(104,228)	367,179	XXX	367,179
12. Income from fees of uninsured plans	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0
13. Net investment and other gain/(loss)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	185,241	XXX	185,241
14. Federal income taxes (excluding taxes on Line 1.5 above)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	10,781	XXX	10,781
15. Net gain or (loss) (Lines 11 + 12 + 13 - 14)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	541,639	XXX	541,639
16. ICD-10 Implementation Expenses (informational only; already included in general expenses and line 10.4)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
16. 16a ICD-10 Implementation Expenses (informational only; already included in line 10.4)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
OTHER INDICATORS:															
1. Number of certificates/policies	0	0	0	0	0	0	0	0	0	0	6,624	7,002	13,626	0	13,626
2. Number of Covered Lives	0	0	0	0	0	0	0	0	0	0	7,066	7,002	14,068	0	14,068
3. Number of Groups	XXX	0	0	XXX	0	0	0	0	0	0	19	0	19	0	19
4. Member Months	0	0	1,530	0	0	0	0	0	0	0	84,408	83,770	169,708	0	169,708

Is run off business reported in Columns 1 through 9 or 12? Yes [ ] No [ ] If yes, show the amount of premiums and claims included. Premiums $ 0 Claims $ 0

AFFORDABLE CARE ACT (ACA) RECEIPTS, PAYMENTS, RECEIVABLES and PAYABLES

	Current Year Comprehensive Health Coverage		Prior Year Comprehensive Health Coverage	
	1 Individual Plans	2 Small Group Employer Plans	3 Individual Plans	4 Small Group Employer Plans
ACA Receivables and Payables				
1. Permanent ACA Risk Adjustment Program 1.0 Premium adjustments receivable/(payable)	0	0	0	0
2. Transitional ACA Reinsurance Program 2.0 Total amounts recoverable for claims (paid & unpaid)	0	XXX	0	XXX
3. Temporary ACA Risk Corridors Program 3.1 Accrued retrospective premium	0	0	0	0
3.2 Reserve for rate credits or policy experience refunds	0	0	0	0
ACA Receipts and Payments				
4. Permanent ACA Risk Adjustment Program 4.0 Premium adjustments receipts/(payments)	0	0	0	0
5. Transitional ACA Reinsurance Program 5.0 Amounts received for claims	0	XXX	0	XXX
6. Temporary ACA Risk Corridors Program 6.1 Retrospective premium received	0	0	0	0
6.2 Rate credits or policy experience refunds paid	0	0	0	0

SUPPLEMENT FOR THE YEAR 2018 OF THE UnitedHealthcare Insurance Company

SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 2

(To Be Filed by April 1 - Not for Rebate Purposes)

REPORT FOR: 1. CORPORATION UnitedHealthcare Insurance Company 2. 185 Asylum Street Hartford, CT 061033408 (LOCATION)

NAIC Group Code 0707 BUSINESS IN THE STATE OF South Dakota DURING THE YEAR 2018 NAIC Company Code 79413

	Business Subject to MLR									10	11	12	13
	Comprehensive Health Coverage			Mini-Med Plans			Expatriate Plans:		9				
	1 Individual	2 Small Group Employer	3 Large Group Employer	4 Individual	5 Small Group Employer	6 Large Group Employer	7 Small Group	8 Large Group	Student Health Plans	Government Business (excluded by statute)	Other Health Business	Medicare Advantage Part C and Medicare Part D Stand-Alone Subject to ACA	Total (a)
1. Health Premiums Earned:													
1.1 Direct premiums written	0	0	6,176	0	0	0	0	0	0	0	12,487,745	4,683,590	17,177,511
1.2 Unearned premium prior year	0	0	0	0	0	0	0	0	0	0	0	0	0
1.3 Unearned premium current year	0	0	0	0	0	0	0	0	0	0	0	0	0
1.4 Change in unearned premium (Lines 1.2 - 1.3)	0	0	0	0	0	0	0	0	0	0	0	0	0
1.5 Paid rate credits	58	0	(58)	0	0	0	0	0	0	0	(844,015)	0	(844,015)
1.6 Reserve for rate credits current year	0	0	0	0	0	0	0	0	0	0	0	272,523	272,523
1.7 Reserve for rate credits prior year	0	0	0	0	0	0	0	0	0	0	0	358,151	358,151
1.8 Change in reserve for rate credits (Lines 1.6 - 1.7)	0	0	0	0	0	0	0	0	0	0	0	(85,629)	(85,629)
1.9 Premium balances written off	0	0	0	0	0	0	0	0	0	0	229	49,265	49,494
1.10 Group conversion charge	0	0	0	0	0	0	0	0	0	0	0	0	0
1.11 Total direct premiums earned (Lines 1.1 + 1.4 - 1.9 + 1.10)	0	0	6,176	0	0	0	0	0	0	0	12,487,516	4,634,325	17,128,017
1.12 Assumed premiums earned from non-affiliates	0	0	0	0	0	0	0	0	0	0	0	0	0
1.13 Net Assumed less Ceded premiums earned from affiliates	0	0	0	0	0	0	0	0	0	0	0	0	0
1.14 Ceded premiums earned to non-affiliates	0	0	0	0	0	0	0	0	0	0	0	0	0
1.15 Other Adjustments due to MLR calculation - Premiums	0	0	0	0	0	0	0	0	0	0	229	49,265	49,494
1.16 Net premiums earned (Lines 1.11 - 1.5 - 1.8 + 1.12 + 1.13 - 1.14 + 1.15)	(58)	0	6,234	0	0	0	0	0	0	0	13,331,760	4,769,218	18,107,155
2. Direct Claims Incurred:													
2.1 Paid claims during the year	0	0	0	0	0	0	0	0	0	0	10,451,498	3,174,938	13,626,436
2.2 Direct claim liability current year	0	0	0	0	0	0	0	0	0	0	1,516,429	461,782	1,978,211
2.3 Direct claim liability prior year	0	0	83	0	0	0	0	0	0	0	1,715,823	369,307	2,085,213
2.4 Direct claim reserves current year	0	0	0	0	0	0	0	0	0	0	349,520	0	349,520
2.5 Direct claim reserves prior year	0	0	0	0	0	0	0	0	0	0	334,992	0	334,992
2.6 Direct contract reserves current year	0	0	0	0	0	0	0	0	0	0	15,206	0	15,206
2.7 Direct contract reserves prior year	0	0	0	0	0	0	0	0	0	0	16,035	0	16,035
2.8 Paid rate credits	58	0	(58)	0	0	0	0	0	0	0	(844,015)	0	(844,015)
2.9 Reserve for rate credits current year	0	0	0	0	0	0	0	0	0	0	0	272,523	272,523
2.10 Reserve for rate credits prior year	0	0	0	0	0	0	0	0	0	0	0	358,151	358,151
2.11 Incurred medical incentive pools and bonuses (Lines 2.11a + 2.11b - 2.11c)	0	0	0	0	0	0	0	0	0	0	0	0	0
2.11a Paid medical incentive pools and bonuses current year	0	0	0	0	0	0	0	0	0	0	0	0	0
2.11b Accrued medical incentive pools and bonuses current year	0	0	0	0	0	0	0	0	0	0	0	0	0
2.11c Accrued medical incentive pools and bonuses prior year	0	0	0	0	0	0	0	0	0	0	0	0	0
2.12 Net healthcare receivables (Lines 2.12a - 2.12b)	0	0	0	0	0	0	0	0	0	0	355	(1,183,287)	(1,182,932)
2.12a Healthcare receivables current year	0	0	0	0	0	0	0	0	0	0	355	1,582,678	1,583,033
2.12b Healthcare receivables prior year	0	0	0	0	0	0	0	0	0	0	0	2,765,965	2,765,965
2.13 Group conversion charge	0	0	0	0	0	0	0	0	0	0	0	0	0
2.14 Multi-option coverage blended rate adjustment	0	0	0	0	0	0	0	0	0	0	0	0	0
2.15 Total incurred claims (Lines 2.1 + 2.2 - 2.3 + 2.4 - 2.5 + 2.6 - 2.7 + 2.8 + 2.9 - 2.10 + 2.11 - 2.12 + 2.13 + 2.14)	58	0	(141)	0	0	0	0	0	0	0	9,421,433	4,365,071	13,786,421
2.16 Assumed incurred claims from non-affiliates	0	0	0	0	0	0	0	0	0	0	0	0	0
2.17 Net assumed less ceded incurred claims from affiliates	0	0	0	0	0	0	0	0	0	0	0	0	0
2.18 Ceded incurred claims to non-affiliates	0	0	0	0	0	0	0	0	0	0	0	0	0
2.19 Other adjustments due to MLR calculation - Claims	0	0	0	0	0	0	0	0	0	0	0	0	0
2.20 Net Incurred Claims (Lines 2.15 - 2.8 - 2.9 + 2.10 + 2.16 + 2.17 - 2.18 + 2.19)	0	0	(83)	0	0	0	0	0	0	0	10,265,448	4,450,700	14,716,064
3. Fraud and Abuse Recoveries that Reduced PAID Claims in Line 2.1 above (informational only)	0	0	0	0	0	0	0	0	0	0	0	0	0

(a) Column 13, Line 1.1 includes direct written premium of $ 41,231 for stand-alone dental and $ 24,119 for stand-alone vision policies.

SUPPLEMENT FOR THE YEAR 2018 OF THE UnitedHealthcare Insurance Company

SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 3

(To Be Filed by April 1 - Not for Rebate Purposes)

REPORT FOR: 1. CORPORATION UnitedHealthcare Insurance Company 2. 185 Asylum Street Hartford, CT 061033408 (LOCATION)

NAIC Group Code 0707 BUSINESS IN THE STATE OF South Dakota DURING THE YEAR 2018 NAIC Company Code 79413

	All Expenses	Improving Health Care Quality Expenses						Claims Adjustment Expenses		9	10
		1 Improve Health Outcomes	2 Activities to Prevent Hospital Readmissions	3 Improve Patient Safety and Reduce Medical Errors	4 Wellness & Health Promotion Activities	5 HIT Expenses	6 Total (1 to 5)	7 Cost Containment Expenses	8 Other Claims Adjustment Expenses	General Administrative Expenses	Total Expenses (6 to 9)
1.	Individual Comprehensive Coverage Expenses:										
	1.1 Salaries (including $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	1.2 Outsourced Services	0	0	0	0	0	0	0	0	0	0
	1.3 EDP Equipment and Software (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	1.4 Other Equipment (excl. EDP) (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	1.5 Accreditation and Certification (incl $ 0 for affiliated services)	0	XXX	XXX	XXX	XXX	0	0	0	0	0
	1.6 Other Expenses (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	1.7 Subtotal before Reimbursements and Taxes (Lines 1.1 to 1.6)	0	0	0	0	0	0	0	0	0	0
	1.8 Reimbursements by uninsured plans and fiscal intermediaries	0	0	0	0	0	0	0	0	0	0
	1.9 Taxes, Licenses and Fees (in total, for tying purposes)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	(297)	(297)
	1.10 Total (1.7 to 1.9)	0	0	0	0	0	0	0	0	(297)	(297)
	1.11 Total Fraud and Abuse Detection/Recovery Expenses included in Column 7 (informational only)	0	0	0	0	0	0	0	0	0	0
2.	Small Group Comprehensive Coverage Expenses:										
	2.1 Salaries (including $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	2.2 Outsourced Services	0	0	0	0	0	0	0	0	0	0
	2.3 EDP Equipment and Software (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	2.4 Other Equipment (excl. EDP) (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	2.5 Accreditation and Certification (incl $ 0 for affiliated services)	0	XXX	XXX	XXX	XXX	0	0	0	0	0
	2.6 Other Expenses (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	2.7 Subtotal before Reimbursements and Taxes (Lines 2.1 to 2.6)	0	0	0	0	0	0	0	0	0	0
	2.8 Reimbursements by uninsured plans and fiscal intermediaries	0	0	0	0	0	0	0	0	0	0
	2.9 Taxes, Licenses and Fees (in total, for tying purposes)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	(2,856)	(2,856)
	2.10 Total (2.7 to 2.9)	0	0	0	0	0	0	0	0	(2,856)	(2,856)
	2.11 Total Fraud and Abuse Detection/Recovery Expenses included in Column 7 (informational only)	0	0	0	0	0	0	0	0	0	0
3.	Large Group Comprehensive Coverage Expenses:										
	3.1 Salaries (including $ 25 for affiliated services)	0	0	0	0	0	0	0	17	8	25
	3.2 Outsourced Services	0	0	0	0	0	0	0	2	1	3
	3.3 EDP Equipment and Software (incl $ 2 for affiliated services)	0	0	0	0	0	0	0	1	1	2
	3.4 Other Equipment (excl. EDP) (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	3.5 Accreditation and Certification (incl $ 0 for affiliated services)	0	XXX	XXX	XXX	XXX	0	0	0	0	0
	3.6 Other Expenses (incl $ 307 for affiliated services)	49	0	0	0	0	49	0	38	221	309
	3.7 Subtotal before Reimbursements and Taxes (Lines 3.1 to 3.6)	49	0	0	0	0	49	0	59	231	339
	3.8 Reimbursements by uninsured plans and fiscal intermediaries	0	0	0	0	0	0	0	0	0	0
	3.9 Taxes, Licenses and Fees (in total, for tying purposes)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	(82)	(82)
	3.10 Total (3.7 to 3.9)	49	0	0	0	0	49	0	59	149	257
	3.11 Total Fraud and Abuse Detection/Recovery Expenses included in Column 7 (informational only)	0	0	0	0	0	0	0	0	0	0

SUPPLEMENT FOR THE YEAR 2018 OF THE UnitedHealthcare Insurance Company

SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 3 (Continued)

	All Expenses	Improving Health Care Quality Expenses						Claims Adjustment Expenses		9	10
		1 Improve Health Outcomes	2 Activities to Prevent Hospital Readmissions	3 Improve Patient Safety and Reduce Medical Errors	4 Wellness & Health Promotion Activities	5 HIT Expenses	6 Total (1 to 5)	7 Cost Containment Expenses	8 Other Claims Adjustment Expenses	General Administrative Expenses	Total Expenses (6 to 9)
4.	Individual Mini-Med Plans Expenses:										
	4.1 Salaries (including $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	4.2 Outsourced Services	0	0	0	0	0	0	0	0	0	0
	4.3 EDP Equipment and Software (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	4.4 Other Equipment (excl. EDP) (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	4.5 Accreditation and Certification (incl $ 0 for affiliated services)	0	XXX	XXX	XXX	XXX	0	0	0	0	0
	4.6 Other Expenses (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	4.7 Subtotal before Reimbursements and Taxes (Lines 4.1 to 4.6)	0	0	0	0	0	0	0	0	0	0
	4.8 Reimbursements by uninsured plans and fiscal intermediaries	0	0	0	0	0	0	0	0	0	0
	4.9 Taxes, Licenses and Fees (in total, for tying purposes)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0
	4.10 Total (4.7 to 4.9)	0	0	0	0	0	0	0	0	0	0
	4.11 Total Fraud and Abuse Detection/Recovery Expenses included in Column 7 (informational only)	0	0	0	0	0	0	0	0	0	0
5.	Small Group Mini-Med Plans Expenses:										
	5.1 Salaries (including $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	5.2 Outsourced Services	0	0	0	0	0	0	0	0	0	0
	5.3 EDP Equipment and Software (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	5.4 Other Equipment (excl. EDP) (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	5.5 Accreditation and Certification (incl $ 0 for affiliated services)	0	XXX	XXX	XXX	XXX	0	0	0	0	0
	5.6 Other Expenses (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	5.7 Subtotal before Reimbursements and Taxes (Lines 5.1 to 5.6)	0	0	0	0	0	0	0	0	0	0
	5.8 Reimbursements by uninsured plans and fiscal intermediaries	0	0	0	0	0	0	0	0	0	0
	5.9 Taxes, Licenses and Fees (in total, for tying purposes)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0
	5.10 Total (5.7 to 5.9)	0	0	0	0	0	0	0	0	0	0
	5.11 Total Fraud and Abuse Detection/Recovery Expenses included in Column 7 (informational only)	0	0	0	0	0	0	0	0	0	0
6.	Large Group Mini-Med Plans Expenses:										
	6.1 Salaries (including $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	6.2 Outsourced Services	0	0	0	0	0	0	0	0	0	0
	6.3 EDP Equipment and Software (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	6.4 Other Equipment (excl. EDP) (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	6.5 Accreditation and Certification (incl $ 0 for affiliated services)	0	XXX	XXX	XXX	XXX	0	0	0	0	0
	6.6 Other Expenses (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	6.7 Subtotal before Reimbursements and Taxes (Lines 6.1 to 6.6)	0	0	0	0	0	0	0	0	0	0
	6.8 Reimbursements by uninsured plans and fiscal intermediaries	0	0	0	0	0	0	0	0	0	0
	6.9 Taxes, Licenses and Fees (in total, for tying purposes)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0
	6.10 Total (6.7 to 6.9)	0	0	0	0	0	0	0	0	0	0
	6.11 Total Fraud and Abuse Detection/Recovery Expenses included in Column 7 (informational only)	0	0	0	0	0	0	0	0	0	0

SUPPLEMENT FOR THE YEAR 2018 OF THE UnitedHealthcare Insurance Company

SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 3 (Continued)

	All Expenses	Improving Health Care Quality Expenses						Claims Adjustment Expenses		9	10
		1 Improve Health Outcomes	2 Activities to Prevent Hospital Readmissions	3 Improve Patient Safety and Reduce Medical Errors	4 Wellness & Health Promotion Activities	5 HIT Expenses	6 Total (1 to 5)	7 Cost Containment Expenses	8 Other Claims Adjustment Expenses	General Administrative Expenses	Total Expenses (6 to 9)
7.	Small Group Expatriate Plans Expenses:										
	7.1 Salaries (including $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	7.2 Outsourced Services	0	0	0	0	0	0	0	0	0	0
	7.3 EDP Equipment and Software (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	7.4 Other Equipment (excl. EDP) (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	7.5 Accreditation and Certification (incl $ 0 for affiliated services)	0	XXX	XXX	XXX	XXX	0	0	0	0	0
	7.6 Other Expenses (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	7.7 Subtotal before Reimbursements and Taxes (Lines 7.1 to 7.6)	0	0	0	0	0	0	0	0	0	0
	7.8 Reimbursements by uninsured plans and fiscal intermediaries	0	0	0	0	0	0	0	0	0	0
	7.9 Taxes, Licenses and Fees (in total, for tying purposes)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0
	7.10 Total (7.7 to 7.9)	0	0	0	0	0	0	0	0	0	0
	7.11 Total Fraud and Abuse Detection/Recovery Expenses included in Column 7 (informational only)	0	0	0	0	0	0	0	0	0	0
8.	Large Group Expatriate Plans Expenses:										
	8.1 Salaries (including $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	8.2 Outsourced Services	0	0	0	0	0	0	0	0	0	0
	8.3 EDP Equipment and Software (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	8.4 Other Equipment (excl. EDP) (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	8.5 Accreditation and Certification (incl $ 0 for affiliated services)	0	XXX	XXX	XXX	XXX	0	0	0	0	0
	8.6 Other Expenses (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	8.7 Subtotal before Reimbursements and Taxes (Lines 8.1 to 8.6)	0	0	0	0	0	0	0	0	0	0
	8.8 Reimbursements by uninsured plans and fiscal intermediaries	0	0	0	0	0	0	0	0	0	0
	8.9 Taxes, Licenses and Fees (in total, for tying purposes)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0
	8.10 Total (8.7 to 8.9)	0	0	0	0	0	0	0	0	0	0
	8.11 Total Fraud and Abuse Detection/Recovery Expenses included in Column 7 (informational only)	0	0	0	0	0	0	0	0	0	0
9.	Student Health Plans Expenses:										
	9.1 Salaries (including $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	9.2 Outsourced Services	0	0	0	0	0	0	0	0	0	0
	9.3 EDP Equipment and Software (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	9.4 Other Equipment (excl. EDP) (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	9.5 Accreditation and Certification (incl $ 0 for affiliated services)	0	XXX	XXX	XXX	XXX	0	0	0	0	0
	9.6 Other Expenses (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	9.7 Subtotal before Reimbursements and Taxes (Lines 9.1 to 9.6)	0	0	0	0	0	0	0	0	0	0
	9.8 Reimbursements by uninsured plans and fiscal intermediaries	0	0	0	0	0	0	0	0	0	0
	9.9 Taxes, Licenses and Fees (in total, for tying purposes)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0
	9.10 Total (9.7 to 9.9)	0	0	0	0	0	0	0	0	0	0
	9.11 Total Fraud and Abuse Detection/Recovery Expenses included in Column 7 (informational only)	0	0	0	0	0	0	0	0	0	0

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SUPPLEMENT FOR THE YEAR 2018 OF THE UnitedHealthcare Insurance Company

SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 1

(To Be Filed by April 1 - Not for Rebate Purposes - See Cautionary Statement at http://www.naic.org/documents/committees_e_app_blanks_related_shce_cautionary_statement.pdf)

REPORT FOR: 1. CORPORATION UnitedHealthcare Insurance Company 2. 185 Asylum Street Hartford, CT 061033408 (LOCATION)

NAIC Group Code 0707 BUSINESS IN THE STATE OF Tennessee DURING THE YEAR 2018 NAIC Company Code 79413

	Business Subject to MLR								9	10	11	12	13	14	15
	Comprehensive Health Coverage			Mini-Med Plans			Expatriate Plans								
	1 Individual	2 Small Group Employer	3 Large Group Employer	4 Individual	5 Small Group Employer	6 Large Group Employer	7 Small Group	8 Large Group	Student Health Plans	Government Business (excluded by statute)	Other Health Business	Medicare Advantage Part C and Medicare Part D Stand-Alone Subject to ACA	Subtotal (Cols. 1 through 12)	Uninsured Plans	Total 13 + 14
1. Premium:															
1.1 Health premiums earned (From Part 2, Line 1.11)	902,339	57,285,754	135,085,223	0	0	0	0	0	0	0	171,926,513	62,866,073	428,065,902	XXX	428,065,902
1.2 Federal high risk pools	0	0	0	0	0	0	0	0	0	0	0	0	0	XXX	0
1.3 State high risk pools	(1,081)	(10,555)	(71,926)	0	0	0	0	0	0	0	84,800	0	1,237	XXX	1,237
1.4 Premiums earned including state and federal high risk programs (Lines 1.1 + 1.2 + 1.3)	901,258	57,275,199	135,013,297	0	0	0	0	0	0	0	172,011,312	62,866,073	428,067,140	XXX	428,067,140
1.5 Federal taxes and federal assessments	243,569	3,258,662	5,527,608	0	0	0	0	0	0	396,542	2,417,894	3,814,432	15,658,707	0	15,658,707
1.6 State insurance, premium and other taxes (Similar local taxes of $ 48,345)	4,522	856,849	2,123,511	0	0	0	0	0	0	0	2,827,904	8,978	5,821,763	0	5,821,763
1.6a Community Benefit Expenditures (informational only)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
1.7 Regulatory authority licenses and fees	460	4,753	16,969	0	0	0	0	0	0	0	(33,143)	0	(10,961)	0	(10,961)
1.8 Adjusted Premiums Earned (Lines 1.4 - 1.5 - 1.6 - 1.7)	652,707	53,154,935	127,345,210	0	0	0	0	0	0	(396,542)	166,798,656	59,042,664	406,597,630	XXX	406,597,630
1.9 Net Assumed less Ceded reinsurance premiums earned	3	2,307	(20,499,661)	0	0	0	0	0	0	1,997,623	(252,812)	1,629,330	(17,123,211)	XXX	(17,123,211)
1.10 Other Adjustments due to MLR calculations - Premiums	82,011	8,110	21	0	0	0	0	0	0	0	10,132	496,644	596,918	XXX	596,918
1.11 Risk Revenue	0	0	0	0	0	0	0	0	0	0	0	0	0	XXX	0
1.12 Net adjusted premiums earned after reinsurance (Lines 1.8 + 1.9 + 1.10 + 1.11)	734,720	53,165,352	106,845,570	0	0	0	0	0	0	1,601,081	166,555,976	61,168,638	390,071,337	XXX	390,071,337
2. Claims:															
2.1 Incurred claims excluding prescription drugs	61,034	34,818,928	87,648,094	0	0	0	0	0	0	7,991	128,526,550	(3,174,286)	247,888,310	XXX	247,888,310
2.2 Prescription drugs	121,131	10,664,558	26,894,194	0	0	0	0	0	0	0	1,107,293	104,461,380	143,248,555	XXX	143,248,555
2.3 Pharmaceutical rebates	25,186	3,379,391	8,102,006	0	0	0	0	0	0	0	36,493	59,788,718	71,331,794	XXX	71,331,794
2.4 State stop loss, market stabilization and claim/census based assessments (informational only)	10	54,180	47,493	0	0	0	0	0	0	0	104	0	101,787	XXX	101,787
3. Incurred medical incentive pools and bonuses	1,168	19,839	62,025	0	0	0	0	0	0	0	0	0	83,031	XXX	83,031
4. Deductible Fraud and Abuse Detection/Recovery Expenses (for MLR use only)	27	40,450	25,467	0	0	0	0	0	0	0	0	0	65,944	0	65,944
5. 5.0 Total Incurred Claims (Lines 2.1 + 2.2 - 2.3 + 3) (From Part 2, Line 2.15)	158,147	42,123,933	106,502,307	0	0	0	0	0	0	7,991	129,597,349	41,498,376	319,888,103	XXX	319,888,103
5.1 Net Assumed less Ceded reinsurance claims incurred	489	161,417	(16,463,995)	0	0	0	0	0	0	0	(359,440)	774	(16,660,755)	XXX	(16,660,755)
5.2 Other Adjustments due to MLR calculations - Claims	0	(2,639,447)	0	0	0	0	0	0	0	0	0	0	(2,639,447)	XXX	(2,639,447)
5.3 Rebates paid	0	1,228,342	0	0	0	0	0	0	0	XXX	XXX	0	1,228,342	XXX	1,228,342
5.4 Estimated rebates unpaid prior year	0	1,050,589	0	0	0	0	0	0	0	XXX	XXX	0	1,050,589	XXX	1,050,589
5.5 Estimated rebates unpaid current year	0	2,461,694	0	0	0	0	0	0	0	XXX	XXX	0	2,461,694	XXX	2,461,694
5.6 Fee for service and co-pay revenue	0	0	0	0	0	0	0	0	0	0	0	0	0	XXX	0
5.7 Net incurred claims after reinsurance (Lines 5.0 + 5.1 + 5.2 + 5.3 - 5.4 + 5.5 - 5.6)	158,636	42,285,350	90,038,312	0	0	0	0	0	0	7,991	129,237,909	41,499,150	303,227,348	XXX	303,227,348
6. Improving Health Care Quality Expenses Incurred:															
6.1 Improve health outcomes	7,219	458,286	1,080,682	0	0	0	0	0	0	0	357,280	40,670	1,944,137	0	1,944,137
6.2 Activities to prevent hospital readmissions	0	0	0	0	0	0	0	0	0	0	108,476	30,167	138,642	0	138,642
6.3 Improve patient safety and reduce medical errors	0	0	0	0	0	0	0	0	0	0	86,660	16,209	102,869	0	102,869
6.4 Wellness and health promotion activities	0	0	0	0	0	0	0	0	0	0	1,193,044	(60,656)	1,132,388	0	1,132,388
6.5 Health Information Technology expenses related to health improvement	0	0	0	0	0	0	0	0	0	0	79,655	60,134	139,789	0	139,789
6.6 Total of Defined Expenses Incurred for Improving Health Care Quality (Lines 6.1+6.2+6.3+6.4+6.5)	7,219	458,286	1,080,682	0	0	0	0	0	0	0	1,825,114	86,524	3,457,825	0	3,457,825
7. Preliminary Medical Loss Ratio: MLR ((Lines 4 + 5.0 + 6.6 - Footnote 2.0)/Line 1.8	0.206	0.802	0.845	0.000	0.000	0.000	0.000	0.000	0.000	XXX	XXX	0.704	XXX	XXX	XXX
8. Claims Adjustment Expenses:															
8.1 Cost containment expenses not included in quality of care expenses in Line 6.6	6,154	620,507	1,639,001	0	0	0	0	0	0	0	263,831	(305,780)	2,223,713	0	2,223,713
8.2 All other claims adjustment expenses	24,951	946,614	2,226,821	0	0	0	0	0	0	0	2,667,802	736,349	6,602,537	0	6,602,537
8.3 Total claims adjustment expenses (Lines 8.1 + 8.2)	31,105	1,567,121	3,865,822	0	0	0	0	0	0	0	2,931,633	430,569	8,826,250	0	8,826,250
9. Claims Adjustment Expense Ratio (Line 8.3/Line 1.8)	0.048	0.029	0.030	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.018	0.007	XXX	XXX	XXX

SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 1 (Continued)

	Business Subject to MLR									10	11	12	13	14	15
	Comprehensive Health Coverage			Mini-Med Plans			Expatriate Plans		9						
	1 Individual	2 Small Group Employer	3 Large Group Employer	4 Individual	5 Small Group Employer	6 Large Group Employer	7 Small Group	8 Large Group	Student Health Plans	Government Business (excluded by statute)	Other Health Business	Medicare Advantage Part C and Medicare Part D Stand-Alone Subject to ACA	Subtotal (Cols. 1 through 12)	Uninsured Plans	Total 13 + 14
10. General and Administrative (G&A) Expenses:															
10.1 Direct sales salaries and benefits	1,340	198,622	643,105	0	0	0	0	0	0	0	340,865	168,373	1,352,306	0	1,352,306
10.2 Agents and brokers fees and commissions	11,223	1,839,259	514,984	0	0	0	0	0	0	0	7,290,664	303,564	9,959,694	0	9,959,694
10.3 Other taxes (excluding taxes on Lines 1.5 through 1.7 and Line 14 below)	(5,261)	(19,969)	173,675	0	0	0	0	0	0	0	322,703	147,041	618,190	0	618,190
10.4 Other general and administrative expenses	197,883	2,725,436	4,721,237	0	0	0	0	0	0	(601)	16,441,426	4,551,541	28,636,922	0	28,636,922
10.4a Community Benefit Expenditures (informational only)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
10.5 Total general and administrative (Lines 10.1 +10.2 + 10.3 + 10.4)	205,186	4,743,349	6,053,001	0	0	0	0	0	0	(601)	24,395,658	5,170,518	40,567,111	0	40,567,111
11. Underwriting Gain/(Loss) (Lines 1.12 - 5.7 - 6.6 - 8.3 - 10.5)	332,576	4,111,246	5,807,753	0	0	0	0	0	0	1,593,691	8,165,661	13,981,877	33,992,803	XXX	33,992,803
12. Income from fees of uninsured plans	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0
13. Net investment and other gain/(loss)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	5,620,517	XXX	5,620,517
14. Federal income taxes (excluding taxes on Line 1.5 above)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	(216,670)	XXX	(216,670)
15. Net gain or (loss) (Lines 11 + 12 + 13 - 14)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	39,829,990	XXX	39,829,990
16. ICD-10 Implementation Expenses (informational only; already included in general expenses and line 10.4)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
16. 16a ICD-10 Implementation Expenses (informational only; already included in line 10.4)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
OTHER INDICATORS:															
1. Number of certificates/policies	79	5,184	14,430	0	0	0	0	0	0	0	151,766	73,517	244,976	0	244,976
2. Number of Covered Lives	112	8,811	24,627	0	0	0	0	0	0	0	219,728	73,517	326,795	0	326,795
3. Number of Groups	XXX	778	210	XXX	0	0	0	0	0	0	3,210	0	4,198	0	4,198
4. Member Months	1,439	111,151	311,190	0	0	0	0	0	0	0	2,676,224	894,205	3,994,209	0	3,994,209

Is run off business reported in Columns 1 through 9 or 12? Yes [ ] No [ ] If yes, show the amount of premiums and claims included. Premiums $ 0 Claims $ 0

216-2.TN

AFFORDABLE CARE ACT (ACA) RECEIPTS, PAYMENTS, RECEIVABLES and PAYABLES

	Current Year Comprehensive Health Coverage		Prior Year Comprehensive Health Coverage	
	1 Individual Plans	2 Small Group Employer Plans	3 Individual Plans	4 Small Group Employer Plans
ACA Receivables and Payables				
1. Permanent ACA Risk Adjustment Program 1.0 Premium adjustments receivable/(payable)	(51,164)	1,591,762	(5,346)	1,658,490
2. Transitional ACA Reinsurance Program 2.0 Total amounts recoverable for claims (paid & unpaid)	31,054	XXX	1,081,044	XXX
3. Temporary ACA Risk Corridors Program 3.1 Accrued retrospective premium	0	0	0	0
3.2 Reserve for rate credits or policy experience refunds	0	0	0	0
ACA Receipts and Payments				
4. Permanent ACA Risk Adjustment Program 4.0 Premium adjustments receipts/(payments)	216,179	1,490,420	(11,996,901)	135,503
5. Transitional ACA Reinsurance Program 5.0 Amounts received for claims	1,049,991	XXX	5,323,558	XXX
6. Temporary ACA Risk Corridors Program 6.1 Retrospective premium received	0	0	0	0
6.2 Rate credits or policy experience refunds paid	0	0	0	0

SUPPLEMENT FOR THE YEAR 2018 OF THE UnitedHealthcare Insurance Company

SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 2

(To Be Filed by April 1 - Not for Rebate Purposes)

REPORT FOR: 1. CORPORATION UnitedHealthcare Insurance Company 2. 185 Asylum Street Hartford, CT 061033408 (LOCATION)

NAIC Group Code 0707 BUSINESS IN THE STATE OF Tennessee DURING THE YEAR 2018 NAIC Company Code 79413

	Business Subject to MLR												
	Comprehensive Health Coverage			Mini-Med Plans			Expatriate Plans:		9	10	11	12	13
	1 Individual	2 Small Group Employer	3 Large Group Employer	4 Individual	5 Small Group Employer	6 Large Group Employer	7 Small Group	8 Large Group	Student Health Plans	Government Business (excluded by statute)	Other Health Business	Medicare Advantage Part C and Medicare Part D Stand-Alone Subject to ACA	Total (a)
1. Health Premiums Earned:													
1.1 Direct premiums written	984,350	57,296,595	135,086,901	0	0	0	0	0	0	0	171,955,762	63,362,717	428,686,325
1.2 Unearned premium prior year	0	48,435	(22,882)	0	0	0	0	0	0	0	256,905	0	282,458
1.3 Unearned premium current year	0	51,165	(21,225)	0	0	0	0	0	0	0	276,022	0	305,963
1.4 Change in unearned premium (Lines 1.2 - 1.3)	0	(2,731)	(1,657)	0	0	0	0	0	0	0	(19,117)	0	(23,505)
1.5 Paid rate credits	227,629	1,228,342	102,134	0	0	0	0	0	0	0	(293,690)	0	1,264,415
1.6 Reserve for rate credits current year	0	2,461,694	27,302	0	0	0	0	0	0	0	149,257	(467,863)	2,170,390
1.7 Reserve for rate credits prior year	0	1,050,589	29,660	0	0	0	0	0	0	0	220,216	2,682,797	3,983,261
1.8 Change in reserve for rate credits (Lines 1.6 - 1.7)	0	1,411,105	(2,358)	0	0	0	0	0	0	0	(70,958)	(3,150,659)	(1,812,870)
1.9 Premium balances written off	82,011	8,110	21	0	0	0	0	0	0	0	10,132	496,644	596,918
1.10 Group conversion charge	0	0	0	0	0	0	0	0	0	0	0	0	0
1.11 Total direct premiums earned (Lines 1.1 + 1.4 - 1.9 + 1.10)	902,339	57,285,754	135,085,223	0	0	0	0	0	0	0	171,926,513	62,866,073	428,065,902
1.12 Assumed premiums earned from non-affiliates	0	0	0	0	0	0	0	0	0	0	0	0	0
1.13 Net Assumed less Ceded premiums earned from affiliates	3	2,307	768	0	0	0	0	0	0	1,997,623	0	1,629,330	3,630,030
1.14 Ceded premiums earned to non-affiliates	0	0	20,500,429	0	0	0	0	0	0	0	252,812	0	20,753,241
1.15 Other Adjustments due to MLR calculation - Premiums	82,011	8,110	21	0	0	0	0	0	0	0	10,132	496,644	596,918
1.16 Net premiums earned (Lines 1.11 - 1.5 - 1.8 + 1.12 + 1.13 - 1.14 + 1.15)	756,724	54,656,723	114,485,807	0	0	0	0	0	0	1,997,623	172,048,481	68,142,707	412,088,065
2. Direct Claims Incurred:													
2.1 Paid claims during the year	94,233	38,063,540	106,867,652	0	0	0	0	0	0	(3,097,959)	129,391,859	45,523,653	316,842,978
2.2 Direct claim liability current year	11,951	5,154,663	12,356,450	0	0	0	0	0	0	1,922,331	18,274,082	3,578,604	41,298,080
2.3 Direct claim liability prior year	166,912	4,249,889	13,801,822	0	0	0	0	0	0	(1,183,618)	17,686,287	4,526,238	39,247,530
2.4 Direct claim reserves current year	2,585	236,159	147,756	0	0	0	0	0	0	0	7,866,979	0	8,253,478
2.5 Direct claim reserves prior year	5,358	137,009	354,795	0	0	0	0	0	0	0	7,946,691	0	8,443,853
2.6 Direct contract reserves current year	278,049	0	0	0	0	0	0	0	0	0	164,523	0	442,573
2.7 Direct contract reserves prior year	362,191	0	0	0	0	0	0	0	0	0	91,096	0	453,287
2.8 Paid rate credits	227,629	1,228,342	102,134	0	0	0	0	0	0	0	(293,690)	0	1,264,415
2.9 Reserve for rate credits current year	0	2,461,694	27,302	0	0	0	0	0	0	0	149,257	(467,863)	2,170,390
2.10 Reserve for rate credits prior year	0	1,050,589	29,660	0	0	0	0	0	0	0	220,216	2,682,797	3,983,261
2.11 Incurred medical incentive pools and bonuses (Lines 2.11a + 2.11b - 2.11c)	1,168	19,839	62,025	0	0	0	0	0	0	0	0	0	83,031
2.11a Paid medical incentive pools and bonuses current year	1,168	8,695	21,396	0	0	0	0	0	0	0	0	0	31,259
2.11b Accrued medical incentive pools and bonuses current year	0	39,911	120,791	0	0	0	0	0	0	0	0	0	160,701
2.11c Accrued medical incentive pools and bonuses prior year	0	28,767	80,162	0	0	0	0	0	0	0	0	0	108,929
2.12 Net healthcare receivables (Lines 2.12a - 2.12b)	(76,993)	(397,184)	(1,125,265)	0	0	0	0	0	0	0	11,371	(73,017)	(1,661,088)
2.12a Healthcare receivables current year	1,550	1,344,011	3,095,538	0	0	0	0	0	0	0	11,457	23,810,106	28,262,661
2.12b Healthcare receivables prior year	78,543	1,741,195	4,220,804	0	0	0	0	0	0	0	86	23,883,122	29,923,749
2.13 Group conversion charge	0	0	0	0	0	0	0	0	0	0	0	0	0
2.14 Multi-option coverage blended rate adjustment	0	0	0	0	0	0	0	0	0	0	0	0	0
2.15 Total incurred claims (Lines 2.1 + 2.2 - 2.3 + 2.4 - 2.5 + 2.6 - 2.7 + 2.8 + 2.9 - 2.10 + 2.11 - 2.12 + 2.13 + 2.14)	158,147	42,123,933	106,502,307	0	0	0	0	0	0	7,991	129,597,349	41,498,376	319,888,103
2.16 Assumed incurred claims from non-affiliates	0	0	0	0	0	0	0	0	0	0	0	0	0
2.17 Net assumed less ceded incurred claims from affiliates	489	161,417	31,963	0	0	0	0	0	0	0	0	774	194,643
2.18 Ceded incurred claims to non-affiliates	0	0	16,495,958	0	0	0	0	0	0	0	359,440	0	16,855,398
2.19 Other adjustments due to MLR calculation - Claims	0	0	0	0	0	0	0	0	0	0	0	0	0
2.20 Net Incurred Claims (Lines 2.15 - 2.8 - 2.9 + 2.10 + 2.16 + 2.17 - 2.18 + 2.19)	(68,993)	39,645,903	89,938,536	0	0	0	0	0	0	7,991	129,602,557	44,649,809	303,775,804
3. Fraud and Abuse Recoveries that Reduced PAID Claims in Line 2.1 above (informational only)	27	40,450	25,467	0	0	0	0	0	0	0	0	0	65,944

(a) Column 13, Line 1.1 includes direct written premium of $ 9,808,032 for stand-alone dental and $ 6,661,997 for stand-alone vision policies.

SUPPLEMENT FOR THE YEAR 2018 OF THE UnitedHealthcare Insurance Company

SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 3

(To Be Filed by April 1 - Not for Rebate Purposes)

REPORT FOR: 1. CORPORATION UnitedHealthcare Insurance Company 2. 185 Asylum Street Hartford, CT 061033408 (LOCATION)

NAIC Group Code 0707 BUSINESS IN THE STATE OF Tennessee DURING THE YEAR 2018 NAIC Company Code 79413

	All Expenses	Improving Health Care Quality Expenses						Claims Adjustment Expenses		9	10
		1 Improve Health Outcomes	2 Activities to Prevent Hospital Readmissions	3 Improve Patient Safety and Reduce Medical Errors	4 Wellness & Health Promotion Activities	5 HIT Expenses	6 Total (1 to 5)	7 Cost Containment Expenses	8 Other Claims Adjustment Expenses	General Administrative Expenses	Total Expenses (6 to 9)
1.	Individual Comprehensive Coverage Expenses:										
	1.1 Salaries (including $ 27,029 for affiliated services)	0	0	0	0	0	0	1,644	9,797	15,588	27,029
	1.2 Outsourced Services	0	0	0	0	0	0	554	648	299	1,500
	1.3 EDP Equipment and Software (incl $ 1,124 for affiliated services)	0	0	0	0	0	0	137	461	526	1,124
	1.4 Other Equipment (excl. EDP) (incl $ 108 for affiliated services)	0	0	0	0	0	0	13	44	31	88
	1.5 Accreditation and Certification (incl $ 12 for affiliated services)	0	XXX	XXX	XXX	XXX	0	1	5	5	12
	1.6 Other Expenses (incl $ 33,990 for affiliated services)	7,219	0	0	0	0	7,219	3,678	13,863	193,903	218,663
	1.7 Subtotal before Reimbursements and Taxes (Lines 1.1 to 1.6)	7,219	0	0	0	0	7,219	6,029	24,818	210,352	248,417
	1.8 Reimbursements by uninsured plans and fiscal intermediaries	0	0	0	0	0	0	0	0	0	0
	1.9 Taxes, Licenses and Fees (in total, for tying purposes)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	74	74
	1.10 Total (1.7 to 1.9)	7,219	0	0	0	0	7,219	6,029	24,818	210,425	248,491
	1.11 Total Fraud and Abuse Detection/Recovery Expenses included in Column 7 (informational only)	0	0	0	0	0	0	1,082	0	0	1,082
2.	Small Group Comprehensive Coverage Expenses:										
	2.1 Salaries (including $ 1,995,709 for affiliated services)	0	0	0	0	0	0	251,008	408,047	1,336,654	1,995,709
	2.2 Outsourced Services	0	0	0	0	0	0	54,952	46,763	134,855	236,569
	2.3 EDP Equipment and Software (incl $ 142,008 for affiliated services)	0	0	0	0	0	0	20,960	34,074	86,973	142,008
	2.4 Other Equipment (excl. EDP) (incl $ 13,631 for affiliated services)	0	0	0	0	0	0	2,012	3,271	8,348	13,631
	2.5 Accreditation and Certification (incl $ 1,480 for affiliated services)	0	XXX	XXX	XXX	XXX	0	218	355	906	1,480
	2.6 Other Expenses (incl $ 2,415,879 for affiliated services)	458,286	0	0	0	0	458,286	272,842	434,391	3,181,534	4,347,054
	2.7 Subtotal before Reimbursements and Taxes (Lines 2.1 to 2.6)	458,286	0	0	0	0	458,286	601,992	926,901	4,749,271	6,736,451
	2.8 Reimbursements by uninsured plans and fiscal intermediaries	0	0	0	0	0	0	0	0	0	0
	2.9 Taxes, Licenses and Fees (in total, for tying purposes)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	893,906	893,906
	2.10 Total (2.7 to 2.9)	458,286	0	0	0	0	458,286	601,992	926,901	5,643,178	7,630,358
	2.11 Total Fraud and Abuse Detection/Recovery Expenses included in Column 7 (informational only)	0	0	0	0	0	0	160,468	0	0	160,468
3.	Large Group Comprehensive Coverage Expenses:										
	3.1 Salaries (including $ 2,596,615 for affiliated services)	0	0	0	0	0	0	337,289	495,840	1,763,486	2,596,615
	3.2 Outsourced Services	0	0	0	0	0	0	142,922	56,824	202,788	402,534
	3.3 EDP Equipment and Software (incl $ 173,712 for affiliated services)	0	0	0	0	0	0	28,165	41,405	104,142	173,712
	3.4 Other Equipment (excl. EDP) (incl $ 16,674 for affiliated services)	0	0	0	0	0	0	2,704	3,974	9,996	16,674
	3.5 Accreditation and Certification (incl $ 1,811 for affiliated services)	0	XXX	XXX	XXX	XXX	0	294	432	1,085	1,811
	3.6 Other Expenses (incl $ 7,991,169 for affiliated services)	1,080,682	0	0	0	0	1,080,682	1,079,779	1,587,213	3,755,737	7,503,410
	3.7 Subtotal before Reimbursements and Taxes (Lines 3.1 to 3.6)	1,080,682	0	0	0	0	1,080,682	1,591,153	2,185,688	5,837,235	10,694,757
	3.8 Reimbursements by uninsured plans and fiscal intermediaries	0	0	0	0	0	0	4	3	17	23
	3.9 Taxes, Licenses and Fees (in total, for tying purposes)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	2,445,205	2,445,205
	3.10 Total (3.7 to 3.9)	1,080,682	0	0	0	0	1,080,682	1,591,156	2,185,691	8,282,456	13,139,985
	3.11 Total Fraud and Abuse Detection/Recovery Expenses included in Column 7 (informational only)	0	0	0	0	0	0	443,793	0	0	443,793

SUPPLEMENT FOR THE YEAR 2018 OF THE UnitedHealthcare Insurance Company

SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 3 (Continued)

	All Expenses	Improving Health Care Quality Expenses						Claims Adjustment Expenses		9	10
		1 Improve Health Outcomes	2 Activities to Prevent Hospital Readmissions	3 Improve Patient Safety and Reduce Medical Errors	4 Wellness & Health Promotion Activities	5 HIT Expenses	6 Total (1 to 5)	7 Cost Containment Expenses	8 Other Claims Adjustment Expenses	General Administrative Expenses	Total Expenses (6 to 9)
4.	Individual Mini-Med Plans Expenses:										
	4.1 Salaries (including $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	4.2 Outsourced Services	0	0	0	0	0	0	0	0	0	0
	4.3 EDP Equipment and Software (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	4.4 Other Equipment (excl. EDP) (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	4.5 Accreditation and Certification (incl $ 0 for affiliated services)	0	XXX	XXX	XXX	XXX	0	0	0	0	0
	4.6 Other Expenses (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	4.7 Subtotal before Reimbursements and Taxes (Lines 4.1 to 4.6)	0	0	0	0	0	0	0	0	0	0
	4.8 Reimbursements by uninsured plans and fiscal intermediaries	0	0	0	0	0	0	0	0	0	0
	4.9 Taxes, Licenses and Fees (in total, for tying purposes)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0
	4.10 Total (4.7 to 4.9)	0	0	0	0	0	0	0	0	0	0
	4.11 Total Fraud and Abuse Detection/Recovery Expenses included in Column 7 (informational only)	0	0	0	0	0	0	0	0	0	0
5.	Small Group Mini-Med Plans Expenses:										
	5.1 Salaries (including $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	5.2 Outsourced Services	0	0	0	0	0	0	0	0	0	0
	5.3 EDP Equipment and Software (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	5.4 Other Equipment (excl. EDP) (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	5.5 Accreditation and Certification (incl $ 0 for affiliated services)	0	XXX	XXX	XXX	XXX	0	0	0	0	0
	5.6 Other Expenses (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	5.7 Subtotal before Reimbursements and Taxes (Lines 5.1 to 5.6)	0	0	0	0	0	0	0	0	0	0
	5.8 Reimbursements by uninsured plans and fiscal intermediaries	0	0	0	0	0	0	0	0	0	0
	5.9 Taxes, Licenses and Fees (in total, for tying purposes)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0
	5.10 Total (5.7 to 5.9)	0	0	0	0	0	0	0	0	0	0
	5.11 Total Fraud and Abuse Detection/Recovery Expenses included in Column 7 (informational only)	0	0	0	0	0	0	0	0	0	0
6.	Large Group Mini-Med Plans Expenses:										
	6.1 Salaries (including $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	6.2 Outsourced Services	0	0	0	0	0	0	0	0	0	0
	6.3 EDP Equipment and Software (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	6.4 Other Equipment (excl. EDP) (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	6.5 Accreditation and Certification (incl $ 0 for affiliated services)	0	XXX	XXX	XXX	XXX	0	0	0	0	0
	6.6 Other Expenses (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	6.7 Subtotal before Reimbursements and Taxes (Lines 6.1 to 6.6)	0	0	0	0	0	0	0	0	0	0
	6.8 Reimbursements by uninsured plans and fiscal intermediaries	0	0	0	0	0	0	0	0	0	0
	6.9 Taxes, Licenses and Fees (in total, for tying purposes)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0
	6.10 Total (6.7 to 6.9)	0	0	0	0	0	0	0	0	0	0
	6.11 Total Fraud and Abuse Detection/Recovery Expenses included in Column 7 (informational only)	0	0	0	0	0	0	0	0	0	0

SUPPLEMENT FOR THE YEAR 2018 OF THE UnitedHealthcare Insurance Company

SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 3 (Continued)

	All Expenses	Improving Health Care Quality Expenses						Claims Adjustment Expenses		9	10
		1 Improve Health Outcomes	2 Activities to Prevent Hospital Readmissions	3 Improve Patient Safety and Reduce Medical Errors	4 Wellness & Health Promotion Activities	5 HIT Expenses	6 Total (1 to 5)	7 Cost Containment Expenses	8 Other Claims Adjustment Expenses	General Administrative Expenses	Total Expenses (6 to 9)
7.	Small Group Expatriate Plans Expenses:										
	7.1 Salaries (including $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	7.2 Outsourced Services	0	0	0	0	0	0	0	0	0	0
	7.3 EDP Equipment and Software (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	7.4 Other Equipment (excl. EDP) (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	7.5 Accreditation and Certification (incl $ 0 for affiliated services)	0	XXX	XXX	XXX	XXX	0	0	0	0	0
	7.6 Other Expenses (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	7.7 Subtotal before Reimbursements and Taxes (Lines 7.1 to 7.6)	0	0	0	0	0	0	0	0	0	0
	7.8 Reimbursements by uninsured plans and fiscal intermediaries	0	0	0	0	0	0	0	0	0	0
	7.9 Taxes, Licenses and Fees (in total, for tying purposes)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0
	7.10 Total (7.7 to 7.9)	0	0	0	0	0	0	0	0	0	0
	7.11 Total Fraud and Abuse Detection/Recovery Expenses included in Column 7 (informational only)	0	0	0	0	0	0	0	0	0	0
8.	Large Group Expatriate Plans Expenses:										
	8.1 Salaries (including $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	8.2 Outsourced Services	0	0	0	0	0	0	0	0	0	0
	8.3 EDP Equipment and Software (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	8.4 Other Equipment (excl. EDP) (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	8.5 Accreditation and Certification (incl $ 0 for affiliated services)	0	XXX	XXX	XXX	XXX	0	0	0	0	0
	8.6 Other Expenses (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	8.7 Subtotal before Reimbursements and Taxes (Lines 8.1 to 8.6)	0	0	0	0	0	0	0	0	0	0
	8.8 Reimbursements by uninsured plans and fiscal intermediaries	0	0	0	0	0	0	0	0	0	0
	8.9 Taxes, Licenses and Fees (in total, for tying purposes)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0
	8.10 Total (8.7 to 8.9)	0	0	0	0	0	0	0	0	0	0
	8.11 Total Fraud and Abuse Detection/Recovery Expenses included in Column 7 (informational only)	0	0	0	0	0	0	0	0	0	0
9.	Student Health Plans Expenses:										
	9.1 Salaries (including $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	9.2 Outsourced Services	0	0	0	0	0	0	0	0	0	0
	9.3 EDP Equipment and Software (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	9.4 Other Equipment (excl. EDP) (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	9.5 Accreditation and Certification (incl $ 0 for affiliated services)	0	XXX	XXX	XXX	XXX	0	0	0	0	0
	9.6 Other Expenses (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	9.7 Subtotal before Reimbursements and Taxes (Lines 9.1 to 9.6)	0	0	0	0	0	0	0	0	0	0
	9.8 Reimbursements by uninsured plans and fiscal intermediaries	0	0	0	0	0	0	0	0	0	0
	9.9 Taxes, Licenses and Fees (in total, for tying purposes)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0
	9.10 Total (9.7 to 9.9)	0	0	0	0	0	0	0	0	0	0
	9.11 Total Fraud and Abuse Detection/Recovery Expenses included in Column 7 (informational only)	0	0	0	0	0	0	0	0	0	0



SUPPLEMENT FOR THE YEAR 2018 OF THE UnitedHealthcare Insurance Company

SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 1

(To Be Filed by April 1 - Not for Rebate Purposes - See Cautionary Statement at http://www.naic.org/documents/committees_e_app_blanks_related_shce_cautionary_statement.pdf)

REPORT FOR: 1. CORPORATION UnitedHealthcare Insurance Company 2. 185 Asylum Street Hartford, CT 061033408 (LOCATION)

NAIC Group Code 0707 BUSINESS IN THE STATE OF Texas DURING THE YEAR 2018 NAIC Company Code 79413

	Business Subject to MLR									10	11	12	13	14	15
	Comprehensive Health Coverage			Mini-Med Plans			Expatriate Plans		9						
	1 Individual	2 Small Group Employer	3 Large Group Employer	4 Individual	5 Small Group Employer	6 Large Group Employer	7 Small Group	8 Large Group	Student Health Plans	Government Business (excluded by statute)	Other Health Business	Medicare Advantage Part C and Medicare Part D Stand-Alone Subject to ACA	Subtotal (Cols. 1 through 12)	Uninsured Plans	Total 13 + 14
1. Premium:															
1.1 Health premiums earned (From Part 2, Line 1.11)	9,570,214	760,446,873	2,548,438,691	0	0	0	0	0	0	1,243,269,515	1,023,525,176	635,706,125	6,220,956,594	XXX	6,220,956,594
1.2 Federal high risk pools	0	0	0	0	0	0	0	0	0	0	0	0	0	XXX	0
1.3 State high risk pools	(6,100)	(35,386)	(230,168)	0	0	0	0	0	0	0	323,521	0	51,866	XXX	51,866
1.4 Premiums earned including state and federal high risk programs (Lines 1.1 + 1.2 + 1.3)	9,564,114	760,411,487	2,548,208,523	0	0	0	0	0	0	1,243,269,515	1,023,848,697	635,706,125	6,221,008,460	XXX	6,221,008,460
1.5 Federal taxes and federal assessments	78,993	37,036,263	130,622,518	0	0	0	0	0	0	(127,238)	10,801,807	31,933,051	210,345,393	11,862,123	222,207,516
1.6 State insurance, premium and other taxes (Similar local taxes of $ 801,941)	763,459	12,111,640	42,612,655	0	0	0	0	0	0	19,808,221	16,556,555	71,435	91,923,965	123,298	92,047,263
1.6a Community Benefit Expenditures (informational only)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
1.7 Regulatory authority licenses and fees	(6,153)	(967,760)	(1,734,668)	0	0	0	0	0	0	480,348	(437,100)	0	(2,665,334)	0	(2,665,334)
1.8 Adjusted Premiums Earned (Lines 1.4 - 1.5 - 1.6 - 1.7)	8,727,814	712,231,344	2,376,708,019	0	0	0	0	0	0	1,223,108,184	996,927,435	603,701,639	5,921,404,436	XXX	5,909,419,015
1.9 Net Assumed less Ceded reinsurance premiums earned	62	42,470	(182,713,511)	0	0	0	0	0	0	1,376	2,753,624	3,571,972	(176,344,006)	XXX	(176,344,006)
1.10 Other Adjustments due to MLR calculations - Premiums	0	1,031,916	5,486,444	0	0	0	0	0	0	0	84,988	3,225,491	9,828,839	XXX	9,828,839
1.11 Risk Revenue	0	0	0	0	0	0	0	0	0	0	0	0	0	XXX	0
1.12 Net adjusted premiums earned after reinsurance (Lines 1.8 + 1.9 + 1.10 + 1.11)	8,727,876	713,305,730	2,199,480,952	0	0	0	0	0	0	1,223,109,560	999,766,048	610,499,102	5,754,889,268	XXX	5,742,903,847
2. Claims:															
2.1 Incurred claims excluding prescription drugs	6,243,992	448,839,452	1,719,172,883	0	0	0	0	0	0	972,129,027	808,641,104	267,088,212	4,222,114,670	XXX	4,222,114,670
2.2 Prescription drugs	2,811,049	119,912,504	423,549,275	0	0	0	0	0	0	200,436,287	22,031,148	431,333,388	1,200,073,650	XXX	1,200,073,650
2.3 Pharmaceutical rebates	729,271	36,558,043	131,741,747	0	0	0	0	0	0	534,710	259,227	250,950,097	420,773,095	XXX	420,773,095
2.4 State stop loss, market stabilization and claim/census based assessments (informational only)	12	329,557	1,410,202	0	0	0	0	0	0	0	307	0	1,740,078	XXX	1,740,078
3. Incurred medical incentive pools and bonuses	0	3,792,892	9,549,673	0	0	0	0	0	0	492,928	602	3,203,214	17,039,310	XXX	17,039,310
4. Deductible Fraud and Abuse Detection/Recovery Expenses (for MLR use only)	8	1,940,890	2,802,828	0	0	0	0	0	0	0	0	262,029	5,005,755	0	5,005,755
5. 5.0 Total Incurred Claims (Lines 2.1 + 2.2 - 2.3 + 3) (From Part 2, Line 2.15)	8,325,769	535,986,806	2,020,530,085	0	0	0	0	0	0	1,172,523,532	830,413,627	450,674,716	5,018,454,535	XXX	5,018,454,535
5.1 Net Assumed less Ceded reinsurance claims incurred	143	1,079,121	(279,594,333)	0	0	0	0	0	0	19,641	5,677,697	114,607	(272,703,125)	XXX	(272,703,125)
5.2 Other Adjustments due to MLR calculations - Claims	0	0	0	0	0	0	0	0	0	0	0	(2,410,770)	(2,410,770)	XXX	(2,410,770)
5.3 Rebates paid	0	0	0	0	0	0	0	0	0	XXX	XXX	0	0	XXX	0
5.4 Estimated rebates unpaid prior year	0	0	0	0	0	0	0	0	0	XXX	XXX	517,054	517,054	XXX	517,054
5.5 Estimated rebates unpaid current year	0	0	0	0	0	0	0	0	0	XXX	XXX	2,927,824	2,927,824	XXX	2,927,824
5.6 Fee for service and co-pay revenue	0	0	0	0	0	0	0	0	0	0	0	0	0	XXX	0
5.7 Net incurred claims after reinsurance (Lines 5.0 + 5.1 + 5.2 + 5.3 - 5.4 + 5.5 - 5.6)	8,325,912	537,065,927	1,740,935,751	0	0	0	0	0	0	1,172,543,173	836,091,324	450,789,323	4,745,751,411	XXX	4,745,751,411
6. Improving Health Care Quality Expenses Incurred:															
6.1 Improve health outcomes	76,562	6,083,575	20,387,510	0	0	0	0	0	0	18,884,197	1,888,168	5,310,332	52,630,342	5,592,844	58,223,187
6.2 Activities to prevent hospital readmissions	0	0	0	0	0	0	0	0	0	11,222,463	805,743	786,842	12,815,047	2,188,570	15,003,618
6.3 Improve patient safety and reduce medical errors	0	0	0	0	0	0	0	0	0	9,236,025	740,386	1,514,093	11,490,504	2,933,203	14,423,707
6.4 Wellness and health promotion activities	0	0	0	0	0	0	0	0	0	6,813,462	4,231,459	1,433,333	12,478,255	2,327,469	14,805,723
6.5 Health Information Technology expenses related to health improvement	0	0	0	0	0	0	0	0	0	2,347,974	564,852	1,917,051	4,829,877	3,010,503	7,840,380
6.6 Total of Defined Expenses Incurred for Improving Health Care Quality (Lines 6.1+6.2+6.3+6.4+6.5)	76,562	6,083,575	20,387,510	0	0	0	0	0	0	48,504,120	8,230,608	10,961,651	94,244,025	16,052,590	110,296,615
7. Preliminary Medical Loss Ratio: MLR ((Lines 4 + 5.0 + 6.6 - Footnote 2.0)/Line 1.8	0.963	0.764	0.860	0.000	0.000	0.000	0.000	0.000	0.000	XXX	XXX	0.765	XXX	XXX	XXX
8. Claims Adjustment Expenses:															
8.1 Cost containment expenses not included in quality of care expenses in Line 6.6	64,931	8,355,378	30,864,290	0	0	0	0	0	0	6,193,700	3,848,312	7,686,989	57,013,600	14,774,018	71,787,618
8.2 All other claims adjustment expenses	123,007	10,872,848	40,878,118	0	0	0	0	0	0	15,317,133	14,997,800	24,339,076	106,527,982	17,389,986	123,917,968
8.3 Total claims adjustment expenses (Lines 8.1 + 8.2)	187,937	19,228,226	71,742,408	0	0	0	0	0	0	21,510,834	18,846,111	32,026,065	163,541,582	32,164,004	195,705,586
9. Claims Adjustment Expense Ratio (Line 8.3/Line 1.8)	0.022	0.027	0.030	0.000	0.000	0.000	0.000	0.000	0.000	0.018	0.019	0.053	XXX	XXX	XXX

SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 1 (Continued)

	Business Subject to MLR									10	11	12	13	14	15
	Comprehensive Health Coverage			Mini-Med Plans			Expatriate Plans		9						
	1 Individual	2 Small Group Employer	3 Large Group Employer	4 Individual	5 Small Group Employer	6 Large Group Employer	7 Small Group	8 Large Group	Student Health Plans	Government Business (excluded by statute)	Other Health Business	Medicare Advantage Part C and Medicare Part D Stand-Alone Subject to ACA	Subtotal (Cols. 1 through 12)	Uninsured Plans	Total 13 + 14
10. General and Administrative (G&A) Expenses:															
10.1 Direct sales salaries and benefits	18,549	2,402,641	11,753,136	0	0	0	0	0	0	58,373	3,341,994	1,296,605	18,871,298	7,074,230	25,945,528
10.2 Agents and brokers fees and commissions	315,284	39,551,848	11,890,179	0	0	0	0	0	0	0	37,324,986	11,306,455	100,388,752	0	100,388,752
10.3 Other taxes (excluding taxes on Lines 1.5 through 1.7 and Line 14 below)	(2,321)	542,357	2,689,344	0	0	0	0	0	0	1,235,416	1,770,555	1,071,205	7,306,556	1,283,187	8,589,743
10.4 Other general and administrative expenses	484,372	39,914,211	76,928,342	0	0	0	0	0	0	36,725,695	78,851,851	35,471,754	268,376,225	38,476,665	306,852,890
10.4a Community Benefit Expenditures (informational only)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
10.5 Total general and administrative (Lines 10.1 +10.2 + 10.3 + 10.4)	815,884	82,411,056	103,261,001	0	0	0	0	0	0	38,019,484	121,289,387	49,146,019	394,942,832	46,834,082	441,776,913
11. Underwriting Gain/(Loss) (Lines 1.12 - 5.7 - 6.6 - 8.3 - 10.5)	(678,419)	68,516,945	263,154,282	0	0	0	0	0	0	(57,468,051)	15,308,618	67,576,044	356,409,419	XXX	249,373,323
12. Income from fees of uninsured plans	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	154,750,829	154,750,829
13. Net investment and other gain/(loss)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	90,972,946	XXX	90,972,946
14. Federal income taxes (excluding taxes on Line 1.5 above)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	4,750,242	XXX	4,750,242
15. Net gain or (loss) (Lines 11 + 12 + 13 - 14)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	442,632,122	XXX	490,346,856
16. ICD-10 Implementation Expenses (informational only; already included in general expenses and line 10.4)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
16. 16a ICD-10 Implementation Expenses (informational only; already included in line 10.4)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
OTHER INDICATORS:															
1. Number of certificates/policies	729	58,366	412,213	0	0	0	0	0	0	69,012	1,113,356	258,304	1,911,980	101,679	2,013,659
2. Number of Covered Lives	1,144	99,936	754,463	0	0	0	0	0	0	69,012	1,899,472	258,304	3,082,331	101,679	3,184,010
3. Number of Groups	XXX	10,169	4,963	XXX	0	0	0	0	0	1	13,850	48	29,031	3	29,034
4. Member Months	13,582	1,348,265	8,943,821	0	0	0	0	0	0	825,945	22,558,590	3,115,337	36,805,540	1,190,229	37,995,769

Is run off business reported in Columns 1 through 9 or 12? Yes [ ] No [ ] If yes, show the amount of premiums and claims included. Premiums $ 0 Claims $ 0

216-2.TX

AFFORDABLE CARE ACT (ACA) RECEIPTS, PAYMENTS, RECEIVABLES and PAYABLES

	Current Year Comprehensive Health Coverage		Prior Year Comprehensive Health Coverage	
	1 Individual Plans	2 Small Group Employer Plans	3 Individual Plans	4 Small Group Employer Plans
ACA Receivables and Payables				
1. Permanent ACA Risk Adjustment Program				
1.0 Premium adjustments receivable/(payable)	436,823	(5,678,071)	906,773	(15,377,624)
2. Transitional ACA Reinsurance Program				
2.0 Total amounts recoverable for claims (paid & unpaid)	0	XXX	0	XXX
3. Temporary ACA Risk Corridors Program				
3.1 Accrued retrospective premium	0	0	0	0
3.2 Reserve for rate credits or policy experience refunds	0	0	0	0
ACA Receipts and Payments				
4. Permanent ACA Risk Adjustment Program				
4.0 Premium adjustments receipts/(payments)	858,691	(3,785,242)	410,750	(5,434,562)
5. Transitional ACA Reinsurance Program				
5.0 Amounts received for claims	0	XXX	0	XXX
6. Temporary ACA Risk Corridors Program				
6.1 Retrospective premium received	0	0	0	0
6.2 Rate credits or policy experience refunds paid	0	0	0	0

SUPPLEMENT FOR THE YEAR 2018 OF THE UnitedHealthcare Insurance Company

SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 2

(To Be Filed by April 1 - Not for Rebate Purposes)

REPORT FOR: 1. CORPORATION UnitedHealthcare Insurance Company 2. 185 Asylum Street Hartford, CT 061033408 (LOCATION)

NAIC Group Code 0707 BUSINESS IN THE STATE OF Texas DURING THE YEAR 2018 NAIC Company Code 79413

	Business Subject to MLR									10	11	12	13
	Comprehensive Health Coverage			Mini-Med Plans			Expatriate Plans:		9				
	1	2	3	4	5	6	7	8					
	Individual	Small Group Employer	Large Group Employer	Individual	Small Group Employer	Large Group Employer	Small Group	Large Group	Student Health Plans	Government Business (excluded by statute)	Other Health Business	Medicare Advantage Part C and Medicare Part D Stand-Alone Subject to ACA	Total (a)
1. Health Premiums Earned:													
1.1 Direct premiums written	9,570,214	761,380,105	2,554,014,799	0	0	0	0	0	0	1,243,269,515	1,022,051,379	638,931,616	6,229,217,628
1.2 Unearned premium prior year	0	215,630	29,719	0	0	0	0	0	0	0	(254,598)	0	(9,250)
1.3 Unearned premium current year	0	116,946	119,382	0	0	0	0	0	0	0	(1,813,383)	0	(1,577,055)
1.4 Change in unearned premium (Lines 1.2 - 1.3)	0	98,684	(89,663)	0	0	0	0	0	0	0	1,558,785	0	1,567,805
1.5 Paid rate credits	316,193	0	(6,388,893)	0	0	0	0	0	0	0	(6,373,181)	16,048,213	3,602,332
1.6 Reserve for rate credits current year	0	0	32,341,610	0	0	0	0	0	0	2,124,789	3,859,356	3,360,706	41,686,461
1.7 Reserve for rate credits prior year	0	0	25,977,128	0	0	0	0	0	0	2,124,789	4,486,426	13,371,128	45,959,471
1.8 Change in reserve for rate credits (Lines 1.6 - 1.7)	0	0	6,364,482	0	0	0	0	0	0	0	(627,070)	(10,010,423)	(4,273,011)
1.9 Premium balances written off	0	1,031,916	5,486,444	0	0	0	0	0	0	0	84,988	3,225,491	9,828,839
1.10 Group conversion charge	0	0	0	0	0	0	0	0	0	0	0	0	0
1.11 Total direct premiums earned (Lines 1.1 + 1.4 - 1.9 + 1.10)	9,570,214	760,446,873	2,548,438,692	0	0	0	0	0	0	1,243,269,515	1,023,525,176	635,706,125	6,220,956,594
1.12 Assumed premiums earned from non-affiliates	0	0	0	0	0	0	0	0	0	0	6,138,149	0	6,138,149
1.13 Net Assumed less Ceded premiums earned from affiliates	62	42,470	98,903	0	0	0	0	0	0	1,376	0	3,571,972	3,714,782
1.14 Ceded premiums earned to non-affiliates	0	0	182,812,413	0	0	0	0	0	0	0	3,384,525	0	186,196,938
1.15 Other Adjustments due to MLR calculation - Premiums	0	1,031,916	5,486,444	0	0	0	0	0	0	0	84,988	3,225,491	9,828,839
1.16 Net premiums earned (Lines 1.11 - 1.5 - 1.8 + 1.12 + 1.13 - 1.14 + 1.15)	9,254,084	761,521,258	2,371,236,035	0	0	0	0	0	0	1,243,270,891	1,033,364,040	636,465,798	6,055,112,105
2. Direct Claims Incurred:													
2.1 Paid claims during the year	8,603,634	543,989,679	2,005,587,016	0	0	0	0	0	0	1,173,832,880	828,750,639	449,842,339	5,010,606,187
2.2 Direct claim liability current year	357,338	68,949,673	326,351,882	0	0	0	0	0	0	100,441,204	79,697,133	34,111,960	609,909,189
2.3 Direct claim liability prior year	513,697	85,104,229	321,641,977	0	0	0	0	0	0	106,783,991	75,626,748	38,297,838	627,968,480
2.4 Direct claim reserves current year	31,065	4,477,518	6,818,357	0	0	0	0	0	0	213,585	51,809,980	380,149	63,730,653
2.5 Direct claim reserves prior year	50,639	3,400,609	7,037,480	0	0	0	0	0	0	142,232	50,630,715	32,399	61,294,076
2.6 Direct contract reserves current year	1,593,829	0	0	0	0	0	0	0	0	0	6,824,595	0	8,418,424
2.7 Direct contract reserves prior year	1,994,565	0	0	0	0	0	0	0	0	0	3,343,437	0	5,338,002
2.8 Paid rate credits	316,193	0	(6,388,893)	0	0	0	0	0	0	0	(6,373,181)	16,048,213	3,602,332
2.9 Reserve for rate credits current year	0	0	32,341,610	0	0	0	0	0	0	2,124,789	3,859,356	3,360,706	41,686,461
2.10 Reserve for rate credits prior year	0	0	25,977,128	0	0	0	0	0	0	2,124,789	4,486,426	13,371,128	45,959,471
2.11 Incurred medical incentive pools and bonuses (Lines 2.11a + 2.11b - 2.11c)	0	3,792,892	9,549,673	0	0	0	0	0	0	492,928	602	3,203,214	17,039,310
2.11a Paid medical incentive pools and bonuses current year	0	3,993,485	6,268,523	0	0	0	0	0	0	307,548	602	3,226,801	13,796,960
2.11b Accrued medical incentive pools and bonuses current year	0	2,630,052	9,748,117	0	0	0	0	0	0	302,665	220	1,128,488	13,809,542
2.11c Accrued medical incentive pools and bonuses prior year	0	2,830,645	6,466,967	0	0	0	0	0	0	117,285	220	1,152,076	10,567,192
2.12 Net healthcare receivables (Lines 2.12a - 2.12b)	17,388	(3,281,882)	(927,025)	0	0	0	0	0	0	(4,469,159)	68,169	4,570,499	(4,022,010)
2.12a Healthcare receivables current year	24,049	15,980,449	80,222,001	0	0	0	0	0	0	1,277,676	106,535	90,049,789	187,660,498
2.12b Healthcare receivables prior year	6,661	19,262,331	81,149,026	0	0	0	0	0	0	5,746,835	38,366	85,479,290	191,682,508
2.13 Group conversion charge	0	0	0	0	0	0	0	0	0	0	0	0	0
2.14 Multi-option coverage blended rate adjustment	0	0	0	0	0	0	0	0	0	0	0	0	0
2.15 Total incurred claims (Lines 2.1 + 2.2 - 2.3 + 2.4 - 2.5 + 2.6 - 2.7 + 2.8 + 2.9 - 2.10 + 2.11 - 2.12 + 2.13 + 2.14)	8,325,769	535,986,806	2,020,530,085	0	0	0	0	0	0	1,172,523,533	830,413,627	450,674,716	5,018,454,536
2.16 Assumed incurred claims from non-affiliates	0	0	0	0	0	0	0	0	0	0	5,872,712	0	5,872,712
2.17 Net assumed less ceded incurred claims from affiliates	143	1,079,120	(940,757)	0	0	0	0	0	0	19,641	0	114,607	272,753
2.18 Ceded incurred claims to non-affiliates	0	(1)	278,653,576	0	0	0	0	0	0	0	195,015	0	278,848,590
2.19 Other adjustments due to MLR calculation - Claims	0	0	0	0	0	0	0	0	0	0	0	0	0
2.20 Net Incurred Claims (Lines 2.15 - 2.8 - 2.9 + 2.10 + 2.16 + 2.17 - 2.18 + 2.19)	8,009,719	537,065,927	1,740,960,162	0	0	0	0	0	0	1,172,543,173	843,091,576	444,751,533	4,746,422,090
3. Fraud and Abuse Recoveries that Reduced PAID Claims in Line 2.1 above (informational only)	8	2,260,443	2,802,828	0	0	0	0	0	0	0	0	262,029	5,325,308

(a) Column 13, Line 1.1 includes direct written premium of $ 223,711,168 for stand-alone dental and $ 45,452,234 for stand-alone vision policies.

SUPPLEMENT FOR THE YEAR 2018 OF THE UnitedHealthcare Insurance Company

SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 3

(To Be Filed by April 1 - Not for Rebate Purposes)

REPORT FOR: 1. CORPORATION UnitedHealthcare Insurance Company 2. 185 Asylum Street Hartford, CT 061033408 (LOCATION)

NAIC Group Code 0707 BUSINESS IN THE STATE OF Texas DURING THE YEAR 2018 NAIC Company Code 79413

	All Expenses	Improving Health Care Quality Expenses						Claims Adjustment Expenses		9	10
		1 Improve Health Outcomes	2 Activities to Prevent Hospital Readmissions	3 Improve Patient Safety and Reduce Medical Errors	4 Wellness & Health Promotion Activities	5 HIT Expenses	6 Total (1 to 5)	7 Cost Containment Expenses	8 Other Claims Adjustment Expenses	General Administrative Expenses	Total Expenses (6 to 9)
1.	Individual Comprehensive Coverage Expenses:										
	1.1 Salaries (including $ 221,500 for affiliated services)	0	0	0	0	0	0	17,521	46,866	157,113	221,500
	1.2 Outsourced Services	0	0	0	0	0	0	4,877	3,229	13,386	21,491
	1.3 EDP Equipment and Software (incl $ 12,382 for affiliated services)	0	0	0	0	0	0	1,463	2,303	8,616	12,382
	1.4 Other Equipment (excl. EDP) (incl $ 1,189 for affiliated services)	0	0	0	0	0	0	140	221	738	1,100
	1.5 Accreditation and Certification (incl $ 129 for affiliated services)	0	XXX	XXX	XXX	XXX	0	15	24	90	129
	1.6 Other Expenses (incl $ 368,679 for affiliated services)	76,562	0	0	0	0	76,562	39,186	68,523	636,951	821,222
	1.7 Subtotal before Reimbursements and Taxes (Lines 1.1 to 1.6)	76,562	0	0	0	0	76,562	63,202	121,166	816,893	1,077,823
	1.8 Reimbursements by uninsured plans and fiscal intermediaries	0	0	0	0	0	0	0	0	0	0
	1.9 Taxes, Licenses and Fees (in total, for tying purposes)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	759,867	759,867
	1.10 Total (1.7 to 1.9)	76,562	0	0	0	0	76,562	63,202	121,166	1,576,760	1,837,690
	1.11 Total Fraud and Abuse Detection/Recovery Expenses included in Column 7 (informational only)	0	0	0	0	0	0	14,980	0	0	14,980
2.	Small Group Comprehensive Coverage Expenses:										
	2.1 Salaries (including $ 31,512,298 for affiliated services)	0	0	0	0	0	0	3,929,452	6,037,987	21,544,859	31,512,298
	2.2 Outsourced Services	0	0	0	0	0	0	1,648,889	691,965	2,571,093	4,911,948
	2.3 EDP Equipment and Software (incl $ 2,242,316 for affiliated services)	0	0	0	0	0	0	328,128	504,200	1,409,988	2,242,316
	2.4 Other Equipment (excl. EDP) (incl $ 215,236 for affiliated services)	0	0	0	0	0	0	31,496	48,397	135,342	215,236
	2.5 Accreditation and Certification (incl $ 23,370 for affiliated services)	0	XXX	XXX	XXX	XXX	0	3,420	5,255	14,695	23,370
	2.6 Other Expenses (incl $ 23,408,790 for affiliated services)	6,083,575	0	0	0	0	6,083,575	2,190,113	3,346,797	56,022,826	67,643,311
	2.7 Subtotal before Reimbursements and Taxes (Lines 2.1 to 2.6)	6,083,575	0	0	0	0	6,083,575	8,131,499	10,634,602	81,698,803	106,548,479
	2.8 Reimbursements by uninsured plans and fiscal intermediaries	0	0	0	0	0	0	0	0	0	0
	2.9 Taxes, Licenses and Fees (in total, for tying purposes)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	12,318,258	12,318,258
	2.10 Total (2.7 to 2.9)	6,083,575	0	0	0	0	6,083,575	8,131,499	10,634,602	94,017,061	118,866,737
	2.11 Total Fraud and Abuse Detection/Recovery Expenses included in Column 7 (informational only)	0	0	0	0	0	0	1,940,890	0	0	1,940,890
3.	Large Group Comprehensive Coverage Expenses:										
	3.1 Salaries (including $ 40,568,748 for affiliated services)	0	0	0	0	0	0	5,927,363	8,692,602	25,948,782	40,568,748
	3.2 Outsourced Services	0	0	0	0	0	0	3,004,554	996,190	3,204,171	7,204,915
	3.3 EDP Equipment and Software (incl $ 2,637,223 for affiliated services)	0	0	0	0	0	0	494,962	725,873	1,416,388	2,637,223
	3.4 Other Equipment (excl. EDP) (incl $ 253,142 for affiliated services)	0	0	0	0	0	0	47,511	69,675	135,957	253,142
	3.5 Accreditation and Certification (incl $ 27,486 for affiliated services)	0	XXX	XXX	XXX	XXX	0	5,159	7,565	14,762	27,486
	3.6 Other Expenses (incl $ 141,659,247 for affiliated services)	20,387,510	0	0	0	0	20,387,510	20,485,899	29,599,141	69,074,622	139,547,172
	3.7 Subtotal before Reimbursements and Taxes (Lines 3.1 to 3.6)	20,387,510	0	0	0	0	20,387,510	29,965,449	40,091,047	99,794,681	190,238,686
	3.8 Reimbursements by uninsured plans and fiscal intermediaries	0	0	0	0	0	0	0	0	0	0
	3.9 Taxes, Licenses and Fees (in total, for tying purposes)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	46,030,219	46,030,219
	3.10 Total (3.7 to 3.9)	20,387,510	0	0	0	0	20,387,510	29,965,449	40,091,047	145,824,901	236,268,905
	3.11 Total Fraud and Abuse Detection/Recovery Expenses included in Column 7 (informational only)	0	0	0	0	0	0	8,323,664	0	0	8,323,664

SUPPLEMENT FOR THE YEAR 2018 OF THE UnitedHealthcare Insurance Company

SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 3 (Continued)

	All Expenses	Improving Health Care Quality Expenses						Claims Adjustment Expenses		9	10
		1 Improve Health Outcomes	2 Activities to Prevent Hospital Readmissions	3 Improve Patient Safety and Reduce Medical Errors	4 Wellness & Health Promotion Activities	5 HIT Expenses	6 Total (1 to 5)	7 Cost Containment Expenses	8 Other Claims Adjustment Expenses	General Administrative Expenses	Total Expenses (6 to 9)
4.	Individual Mini-Med Plans Expenses:										
	4.1 Salaries (including $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	4.2 Outsourced Services	0	0	0	0	0	0	0	0	0	0
	4.3 EDP Equipment and Software (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	4.4 Other Equipment (excl. EDP) (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	4.5 Accreditation and Certification (incl $ 0 for affiliated services)	0	XXX	XXX	XXX	XXX	0	0	0	0	0
	4.6 Other Expenses (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	4.7 Subtotal before Reimbursements and Taxes (Lines 4.1 to 4.6)	0	0	0	0	0	0	0	0	0	0
	4.8 Reimbursements by uninsured plans and fiscal intermediaries	0	0	0	0	0	0	0	0	0	0
	4.9 Taxes, Licenses and Fees (in total, for tying purposes)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0
	4.10 Total (4.7 to 4.9)	0	0	0	0	0	0	0	0	0	0
	4.11 Total Fraud and Abuse Detection/Recovery Expenses included in Column 7 (informational only)	0	0	0	0	0	0	0	0	0	0
5.	Small Group Mini-Med Plans Expenses:										
	5.1 Salaries (including $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	5.2 Outsourced Services	0	0	0	0	0	0	0	0	0	0
	5.3 EDP Equipment and Software (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	5.4 Other Equipment (excl. EDP) (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	5.5 Accreditation and Certification (incl $ 0 for affiliated services)	0	XXX	XXX	XXX	XXX	0	0	0	0	0
	5.6 Other Expenses (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	5.7 Subtotal before Reimbursements and Taxes (Lines 5.1 to 5.6)	0	0	0	0	0	0	0	0	0	0
	5.8 Reimbursements by uninsured plans and fiscal intermediaries	0	0	0	0	0	0	0	0	0	0
	5.9 Taxes, Licenses and Fees (in total, for tying purposes)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0
	5.10 Total (5.7 to 5.9)	0	0	0	0	0	0	0	0	0	0
	5.11 Total Fraud and Abuse Detection/Recovery Expenses included in Column 7 (informational only)	0	0	0	0	0	0	0	0	0	0
6.	Large Group Mini-Med Plans Expenses:										
	6.1 Salaries (including $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	6.2 Outsourced Services	0	0	0	0	0	0	0	0	0	0
	6.3 EDP Equipment and Software (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	6.4 Other Equipment (excl. EDP) (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	6.5 Accreditation and Certification (incl $ 0 for affiliated services)	0	XXX	XXX	XXX	XXX	0	0	0	0	0
	6.6 Other Expenses (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	6.7 Subtotal before Reimbursements and Taxes (Lines 6.1 to 6.6)	0	0	0	0	0	0	0	0	0	0
	6.8 Reimbursements by uninsured plans and fiscal intermediaries	0	0	0	0	0	0	0	0	0	0
	6.9 Taxes, Licenses and Fees (in total, for tying purposes)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0
	6.10 Total (6.7 to 6.9)	0	0	0	0	0	0	0	0	0	0
	6.11 Total Fraud and Abuse Detection/Recovery Expenses included in Column 7 (informational only)	0	0	0	0	0	0	0	0	0	0

SUPPLEMENT FOR THE YEAR 2018 OF THE UnitedHealthcare Insurance Company

SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 3 (Continued)

	All Expenses	Improving Health Care Quality Expenses						Claims Adjustment Expenses		9	10
		1 Improve Health Outcomes	2 Activities to Prevent Hospital Readmissions	3 Improve Patient Safety and Reduce Medical Errors	4 Wellness & Health Promotion Activities	5 HIT Expenses	6 Total (1 to 5)	7 Cost Containment Expenses	8 Other Claims Adjustment Expenses	General Administrative Expenses	Total Expenses (6 to 9)
7.	Small Group Expatriate Plans Expenses:										
	7.1 Salaries (including $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	7.2 Outsourced Services	0	0	0	0	0	0	0	0	0	0
	7.3 EDP Equipment and Software (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	7.4 Other Equipment (excl. EDP) (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	7.5 Accreditation and Certification (incl $ 0 for affiliated services)	0	XXX	XXX	XXX	XXX	0	0	0	0	0
	7.6 Other Expenses (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	7.7 Subtotal before Reimbursements and Taxes (Lines 7.1 to 7.6)	0	0	0	0	0	0	0	0	0	0
	7.8 Reimbursements by uninsured plans and fiscal intermediaries	0	0	0	0	0	0	0	0	0	0
	7.9 Taxes, Licenses and Fees (in total, for tying purposes)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0
	7.10 Total (7.7 to 7.9)	0	0	0	0	0	0	0	0	0	0
	7.11 Total Fraud and Abuse Detection/Recovery Expenses included in Column 7 (informational only)	0	0	0	0	0	0	0	0	0	0
8.	Large Group Expatriate Plans Expenses:										
	8.1 Salaries (including $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	8.2 Outsourced Services	0	0	0	0	0	0	0	0	0	0
	8.3 EDP Equipment and Software (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	8.4 Other Equipment (excl. EDP) (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	8.5 Accreditation and Certification (incl $ 0 for affiliated services)	0	XXX	XXX	XXX	XXX	0	0	0	0	0
	8.6 Other Expenses (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	8.7 Subtotal before Reimbursements and Taxes (Lines 8.1 to 8.6)	0	0	0	0	0	0	0	0	0	0
	8.8 Reimbursements by uninsured plans and fiscal intermediaries	0	0	0	0	0	0	0	0	0	0
	8.9 Taxes, Licenses and Fees (in total, for tying purposes)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0
	8.10 Total (8.7 to 8.9)	0	0	0	0	0	0	0	0	0	0
	8.11 Total Fraud and Abuse Detection/Recovery Expenses included in Column 7 (informational only)	0	0	0	0	0	0	0	0	0	0
9.	Student Health Plans Expenses:										
	9.1 Salaries (including $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	9.2 Outsourced Services	0	0	0	0	0	0	0	0	0	0
	9.3 EDP Equipment and Software (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	9.4 Other Equipment (excl. EDP) (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	9.5 Accreditation and Certification (incl $ 0 for affiliated services)	0	XXX	XXX	XXX	XXX	0	0	0	0	0
	9.6 Other Expenses (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	9.7 Subtotal before Reimbursements and Taxes (Lines 9.1 to 9.6)	0	0	0	0	0	0	0	0	0	0
	9.8 Reimbursements by uninsured plans and fiscal intermediaries	0	0	0	0	0	0	0	0	0	0
	9.9 Taxes, Licenses and Fees (in total, for tying purposes)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0
	9.10 Total (9.7 to 9.9)	0	0	0	0	0	0	0	0	0	0
	9.11 Total Fraud and Abuse Detection/Recovery Expenses included in Column 7 (informational only)	0	0	0	0	0	0	0	0	0	0

SUPPLEMENT FOR THE YEAR 2018 OF THE UnitedHealthcare Insurance Company

SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 1

(To Be Filed by April 1 - Not for Rebate Purposes - See Cautionary Statement at http://www.naic.org/documents/committees_e_app_blanks_related_shce_cautionary_statement.pdf)

REPORT FOR: 1. CORPORATION UnitedHealthcare Insurance Company 2. 185 Asylum Street Hartford, CT 061033408 (LOCATION)

NAIC Group Code 0707 BUSINESS IN THE STATE OF Utah DURING THE YEAR 2018 NAIC Company Code 79413

	Business Subject to MLR								9	10	11	12	13	14	15
	Comprehensive Health Coverage			Mini-Med Plans			Expatriate Plans								
	1 Individual	2 Small Group Employer	3 Large Group Employer	4 Individual	5 Small Group Employer	6 Large Group Employer	7 Small Group	8 Large Group	Student Health Plans	Government Business (excluded by statute)	Other Health Business	Medicare Advantage Part C and Medicare Part D Stand-Alone Subject to ACA	Subtotal (Cols. 1 through 12)	Uninsured Plans	Total 13 + 14
1. Premium:															
1.1 Health premiums earned (From Part 2, Line 1.11)	204,621	41,973,225	225,409,596	0	0	0	0	0	0	0	94,237,707	17,082,109	378,907,259	XXX	378,907,259
1.2 Federal high risk pools	0	0	0	0	0	0	0	0	0	0	0	0	0	XXX	0
1.3 State high risk pools	(14)	(2,904)	(25,955)	0	0	0	0	0	0	0	39,726	0	10,853	XXX	10,853
1.4 Premiums earned including state and federal high risk programs (Lines 1.1 + 1.2 + 1.3)	204,608	41,970,322	225,383,640	0	0	0	0	0	0	0	94,277,433	17,082,109	378,918,112	XXX	378,918,112
1.5 Federal taxes and federal assessments	12,350	1,973,293	7,993,082	0	0	0	0	0	0	0	632,884	897,287	11,508,895	0	11,508,895
1.6 State insurance, premium and other taxes (Similar local taxes of $ 44,421)	786	143,193	1,359,696	0	0	0	0	0	0	0	1,261,729	1,885	2,767,289	0	2,767,289
1.6a Community Benefit Expenditures (informational only)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
1.7 Regulatory authority licenses and fees	(4)	(592)	15,794	0	0	0	0	0	0	0	(14,746)	0	452	0	452
1.8 Adjusted Premiums Earned (Lines 1.4 - 1.5 - 1.6 - 1.7)	191,476	39,854,428	216,015,068	0	0	0	0	0	0	0	92,397,567	16,182,937	364,641,476	XXX	364,641,476
1.9 Net Assumed less Ceded reinsurance premiums earned	18	2,285	(35,104,008)	0	0	0	0	0	0	0	(155,045)	756,341	(34,500,409)	XXX	(34,500,409)
1.10 Other Adjustments due to MLR calculations - Premiums	0	6,211	51,227	0	0	0	0	0	0	0	1,219	181,085	239,742	XXX	239,742
1.11 Risk Revenue	0	0	0	0	0	0	0	0	0	0	0	0	0	XXX	0
1.12 Net adjusted premiums earned after reinsurance (Lines 1.8 + 1.9 + 1.10 + 1.11)	191,494	39,862,924	180,962,287	0	0	0	0	0	0	0	92,243,740	17,120,363	330,380,809	XXX	330,380,809
2. Claims:															
2.1 Incurred claims excluding prescription drugs	128,309	26,979,012	163,003,937	0	0	0	0	0	0	0	74,064,641	1,977,680	266,153,581	XXX	266,153,581
2.2 Prescription drugs	19,586	5,693,259	33,926,861	0	0	0	0	0	0	0	339,567	23,727,188	63,706,460	XXX	63,706,460
2.3 Pharmaceutical rebates	6,140	1,772,016	10,915,071	0	0	0	0	0	0	0	15,213	13,026,978	25,735,418	XXX	25,735,418
2.4 State stop loss, market stabilization and claim/census based assessments (informational only)	1	66,527	126,332	0	0	0	0	0	0	0	94	0	192,954	XXX	192,954
3. Incurred medical incentive pools and bonuses	0	14,985	50,367	0	0	0	0	0	0	0	0	0	65,352	XXX	65,352
4. Deductible Fraud and Abuse Detection/Recovery Expenses (for MLR use only)	0	3,024	19,485	0	0	0	0	0	0	0	0	0	22,509	0	22,509
5. 5.0 Total Incurred Claims (Lines 2.1 + 2.2 - 2.3 + 3) (From Part 2, Line 2.15)	141,755	30,915,240	186,066,095	0	0	0	0	0	0	0	74,388,996	12,677,890	304,189,975	XXX	304,189,975
5.1 Net Assumed less Ceded reinsurance claims incurred	0	0	(29,173,152)	0	0	0	0	0	0	0	(117,008)	0	(29,290,160)	XXX	(29,290,160)
5.2 Other Adjustments due to MLR calculations - Claims	0	0	(21,632)	0	0	0	0	0	0	0	0	0	(21,632)	XXX	(21,632)
5.3 Rebates paid	0	0	21,632	0	0	0	0	0	0	XXX	XXX	0	21,632	XXX	21,632
5.4 Estimated rebates unpaid prior year	0	0	0	0	0	0	0	0	0	XXX	XXX	0	0	XXX	0
5.5 Estimated rebates unpaid current year	0	0	0	0	0	0	0	0	0	XXX	XXX	0	0	XXX	0
5.6 Fee for service and co-pay revenue	0	0	0	0	0	0	0	0	0	0	0	0	0	XXX	0
5.7 Net incurred claims after reinsurance (Lines 5.0 + 5.1 + 5.2 + 5.3 - 5.4 + 5.5 - 5.6)	141,755	30,915,241	156,892,943	0	0	0	0	0	0	0	74,271,987	12,677,890	274,899,815	XXX	274,899,815
6. Improving Health Care Quality Expenses Incurred:															
6.1 Improve health outcomes	1,637	335,786	1,803,277	0	0	0	0	0	0	0	300,663	31,493	2,472,855	0	2,472,855
6.2 Activities to prevent hospital readmissions	0	0	0	0	0	0	0	0	0	0	193,970	6,748	200,718	0	200,718
6.3 Improve patient safety and reduce medical errors	0	0	0	0	0	0	0	0	0	0	148,475	81,578	230,054	0	230,054
6.4 Wellness and health promotion activities	0	0	0	0	0	0	0	0	0	0	657,673	(13,041)	644,632	0	644,632
6.5 Health Information Technology expenses related to health improvement	0	0	0	0	0	0	0	0	0	0	68,301	70,290	138,590	0	138,590
6.6 Total of Defined Expenses Incurred for Improving Health Care Quality (Lines 6.1+6.2+6.3+6.4+6.5)	1,637	335,786	1,803,277	0	0	0	0	0	0	0	1,369,082	177,069	3,686,850	0	3,686,850
7. Preliminary Medical Loss Ratio: MLR ((Lines 4 + 5.0 + 6.6 - Footnote 2.0)/Line 1.8	0.749	0.784	0.870	0.000	0.000	0.000	0.000	0.000	0.000	XXX	XXX	0.794	XXX	XXX	XXX
8. Claims Adjustment Expenses:															
8.1 Cost containment expenses not included in quality of care expenses in Line 6.6	2,691	555,461	2,962,924	0	0	0	0	0	0	0	139,744	600,747	4,261,566	0	4,261,566
8.2 All other claims adjustment expenses	4,079	770,544	3,761,871	0	0	0	0	0	0	0	1,401,462	1,666,029	7,603,985	0	7,603,985
8.3 Total claims adjustment expenses (Lines 8.1 + 8.2)	6,769	1,326,005	6,724,795	0	0	0	0	0	0	0	1,541,206	2,266,776	11,865,551	0	11,865,551
9. Claims Adjustment Expense Ratio (Line 8.3/Line 1.8)	0.035	0.033	0.031	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.017	0.140	XXX	XXX	XXX

SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 1 (Continued)

	Business Subject to MLR									10	11	12	13	14	15
	Comprehensive Health Coverage			Mini-Med Plans			Expatriate Plans		9						
	1 Individual	2 Small Group Employer	3 Large Group Employer	4 Individual	5 Small Group Employer	6 Large Group Employer	7 Small Group	8 Large Group	Student Health Plans	Government Business (excluded by statute)	Other Health Business	Medicare Advantage Part C and Medicare Part D Stand-Alone Subject to ACA	Subtotal (Cols. 1 through 12)	Uninsured Plans	Total 13 + 14
10. General and Administrative (G&A) Expenses:															
10.1 Direct sales salaries and benefits	967	195,931	1,307,337	0	0	0	0	0	0	0	180,982	37,732	1,722,948	0	1,722,948
10.2 Agents and brokers fees and commissions	5,968	1,392,383	515,440	0	0	0	0	0	0	0	4,111,782	406,470	6,432,043	0	6,432,043
10.3 Other taxes (excluding taxes on Lines 1.5 through 1.7 and Line 14 below)	(10,911)	33,513	278,811	0	0	0	0	0	0	0	188,359	31,230	521,002	0	521,002
10.4 Other general and administrative expenses	12,948	2,518,989	6,357,422	0	0	0	0	0	0	0	8,838,068	1,007,804	18,735,231	0	18,735,231
10.4a Community Benefit Expenditures (informational only)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
10.5 Total general and administrative (Lines 10.1 +10.2 + 10.3 + 10.4)	8,971	4,140,815	8,459,010	0	0	0	0	0	0	0	13,319,191	1,483,236	27,411,224	0	27,411,224
11. Underwriting Gain/(Loss) (Lines 1.12 - 5.7 - 6.6 - 8.3 - 10.5)	32,361	3,145,078	7,082,263	0	0	0	0	0	0	0	1,742,274	515,393	12,517,369	XXX	12,517,369
12. Income from fees of uninsured plans	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0
13. Net investment and other gain/(loss)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	5,338,497	XXX	5,338,497
14. Federal income taxes (excluding taxes on Line 1.5 above)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	304,891	XXX	304,891
15. Net gain or (loss) (Lines 11 + 12 + 13 - 14)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	17,550,976	XXX	17,550,976
16. ICD-10 Implementation Expenses (informational only; already included in general expenses and line 10.4)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
16. 16a ICD-10 Implementation Expenses (informational only; already included in line 10.4)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
OTHER INDICATORS:															
1. Number of certificates/policies	23	3,274	21,954	0	0	0	0	0	0	0	77,773	16,694	119,718	0	119,718
2. Number of Covered Lives	54	8,602	52,405	0	0	0	0	0	0	0	131,719	16,694	209,474	0	209,474
3. Number of Groups	XXX	449	267	XXX	0	0	0	0	0	0	546	0	1,262	0	1,262
4. Member Months	541	110,777	627,366	0	0	0	0	0	0	0	1,533,527	200,459	2,472,670	0	2,472,670

Is run off business reported in Columns 1 through 9 or 12? Yes [ ] No [ ] If yes, show the amount of premiums and claims included. Premiums $ 0 Claims $ 0

216-2.UT

AFFORDABLE CARE ACT (ACA) RECEIPTS, PAYMENTS, RECEIVABLES and PAYABLES

	Current Year Comprehensive Health Coverage		Prior Year Comprehensive Health Coverage	
	1 Individual Plans	2 Small Group Employer Plans	3 Individual Plans	4 Small Group Employer Plans
ACA Receivables and Payables				
1. Permanent ACA Risk Adjustment Program 1.0 Premium adjustments receivable/(payable)	(16,476)	(706,108)	(29,409)	(2,183,624)
2. Transitional ACA Reinsurance Program 2.0 Total amounts recoverable for claims (paid & unpaid)	0	XXX	0	XXX
3. Temporary ACA Risk Corridors Program 3.1 Accrued retrospective premium	0	0	0	0
3.2 Reserve for rate credits or policy experience refunds	0	0	0	0
ACA Receipts and Payments				
4. Permanent ACA Risk Adjustment Program 4.0 Premium adjustments receipts/(payments)	(23,334)	(1,033,699)	0	(1,085,842)
5. Transitional ACA Reinsurance Program 5.0 Amounts received for claims	0	XXX	0	XXX
6. Temporary ACA Risk Corridors Program 6.1 Retrospective premium received	0	0	0	0
6.2 Rate credits or policy experience refunds paid	0	0	0	0

SUPPLEMENT FOR THE YEAR 2018 OF THE UnitedHealthcare Insurance Company

SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 2

(To Be Filed by April 1 - Not for Rebate Purposes)

REPORT FOR: 1. CORPORATION UnitedHealthcare Insurance Company 2. 185 Asylum Street Hartford, CT 061033408 (LOCATION)

NAIC Group Code 0707 BUSINESS IN THE STATE OF Utah DURING THE YEAR 2018 NAIC Company Code 79413

	Business Subject to MLR												
	Comprehensive Health Coverage			Mini-Med Plans			Expatriate Plans:		9	10	11	12	13
	1	2	3	4	5	6	7	8					
	Individual	Small Group Employer	Large Group Employer	Individual	Small Group Employer	Large Group Employer	Small Group	Large Group	Student Health Plans	Government Business (excluded by statute)	Other Health Business	Medicare Advantage Part C and Medicare Part D Stand-Alone Subject to ACA	Total (a)
1. Health Premiums Earned:													
1.1 Direct premiums written	204,621	41,978,328	225,470,794	0	0	0	0	0	0	0	94,246,854	17,263,194	379,163,791
1.2 Unearned premium prior year	0	2,246	(9,972)	0	0	0	0	0	0	0	5,098	0	(2,627)
1.3 Unearned premium current year	0	1,138	0	0	0	0	0	0	0	0	13,026	0	14,164
1.4 Change in unearned premium (Lines 1.2 - 1.3)	0	1,109	(9,972)	0	0	0	0	0	0	0	(7,928)	0	(16,791)
1.5 Paid rate credits	39	0	21,593	0	0	0	0	0	0	0	(2,781,076)	2,249,627	(509,817)
1.6 Reserve for rate credits current year	0	0	0	0	0	0	0	0	0	0	315,385	1,287,666	1,603,051
1.7 Reserve for rate credits prior year	0	0	91,958	0	0	0	0	0	0	0	337,976	1,563,212	1,993,146
1.8 Change in reserve for rate credits (Lines 1.6 - 1.7)	0	0	(91,958)	0	0	0	0	0	0	0	(22,590)	(275,546)	(390,094)
1.9 Premium balances written off	0	6,211	51,227	0	0	0	0	0	0	0	1,219	181,085	239,742
1.10 Group conversion charge	0	0	0	0	0	0	0	0	0	0	0	0	0
1.11 Total direct premiums earned (Lines 1.1 + 1.4 - 1.9 + 1.10)	204,621	41,973,225	225,409,595	0	0	0	0	0	0	0	94,237,707	17,082,109	378,907,258
1.12 Assumed premiums earned from non-affiliates	0	0	0	0	0	0	0	0	0	0	0	0	0
1.13 Net Assumed less Ceded premiums earned from affiliates	18	2,285	9,623	0	0	0	0	0	0	0	0	756,341	768,267
1.14 Ceded premiums earned to non-affiliates	0	0	35,113,631	0	0	0	0	0	0	0	155,045	0	35,268,676
1.15 Other Adjustments due to MLR calculation - Premiums	0	6,211	51,227	0	0	0	0	0	0	0	1,219	181,085	239,742
1.16 Net premiums earned (Lines 1.11 - 1.5 - 1.8 + 1.12 + 1.13 - 1.14 + 1.15)	204,601	41,981,721	190,427,180	0	0	0	0	0	0	0	96,887,548	16,045,454	345,546,503
2. Direct Claims Incurred:													
2.1 Paid claims during the year	141,716	32,168,114	181,802,541	0	0	0	0	0	0	0	76,450,511	10,597,790	301,160,673
2.2 Direct claim liability current year	5	5,594,572	25,441,660	0	0	0	0	0	0	0	10,052,232	240,637	41,329,106
2.3 Direct claim liability prior year	5	7,430,830	21,662,117	0	0	0	0	0	0	0	10,081,762	1,285,943	40,460,657
2.4 Direct claim reserves current year	0	366,192	327,707	0	0	0	0	0	0	0	4,310,252	0	5,004,151
2.5 Direct claim reserves prior year	0	350,779	435,272	0	0	0	0	0	0	0	3,595,595	0	4,381,646
2.6 Direct contract reserves current year	0	0	0	0	0	0	0	0	0	0	90,217	0	90,217
2.7 Direct contract reserves prior year	0	0	0	0	0	0	0	0	0	0	28,685	0	28,685
2.8 Paid rate credits	39	0	21,593	0	0	0	0	0	0	0	(2,781,076)	2,249,627	(509,817)
2.9 Reserve for rate credits current year	0	0	0	0	0	0	0	0	0	0	315,385	1,287,666	1,603,051
2.10 Reserve for rate credits prior year	0	0	91,958	0	0	0	0	0	0	0	337,976	1,563,212	1,993,146
2.11 Incurred medical incentive pools and bonuses (Lines 2.11a + 2.11b - 2.11c)	0	14,985	50,367	0	0	0	0	0	0	0	0	0	65,352
2.11a Paid medical incentive pools and bonuses current year	0	8,070	30,093	0	0	0	0	0	0	0	0	0	38,163
2.11b Accrued medical incentive pools and bonuses current year	0	26,644	171,751	0	0	0	0	0	0	0	0	0	198,396
2.11c Accrued medical incentive pools and bonuses prior year	0	19,728	151,478	0	0	0	0	0	0	0	0	0	171,206
2.12 Net healthcare receivables (Lines 2.12a - 2.12b)	0	(552,986)	(611,573)	0	0	0	0	0	0	0	4,508	(1,151,325)	(2,311,376)
2.12a Healthcare receivables current year	0	691,663	4,568,460	0	0	0	0	0	0	0	4,508	3,801,719	9,066,350
2.12b Healthcare receivables prior year	0	1,244,649	5,180,033	0	0	0	0	0	0	0	0	4,953,044	11,377,726
2.13 Group conversion charge	0	0	0	0	0	0	0	0	0	0	0	0	0
2.14 Multi-option coverage blended rate adjustment	0	0	0	0	0	0	0	0	0	0	0	0	0
2.15 Total incurred claims (Lines 2.1 + 2.2 - 2.3 + 2.4 - 2.5 + 2.6 - 2.7 + 2.8 + 2.9 - 2.10 + 2.11 - 2.12 + 2.13 + 2.14)	141,755	30,915,240	186,066,095	0	0	0	0	0	0	0	74,388,996	12,677,890	304,189,976
2.16 Assumed incurred claims from non-affiliates	0	0	0	0	0	0	0	0	0	0	0	0	0
2.17 Net assumed less ceded incurred claims from affiliates	0	0	0	0	0	0	0	0	0	0	0	0	0
2.18 Ceded incurred claims to non-affiliates	0	0	29,173,152	0	0	0	0	0	0	0	117,008	0	29,290,160
2.19 Other adjustments due to MLR calculation - Claims	0	0	0	0	0	0	0	0	0	0	0	0	0
2.20 Net Incurred Claims (Lines 2.15 - 2.8 - 2.9 + 2.10 + 2.16 + 2.17 - 2.18 + 2.19)	141,716	30,915,241	156,963,308	0	0	0	0	0	0	0	77,075,654	10,703,808	275,799,727
3. Fraud and Abuse Recoveries that Reduced PAID Claims in Line 2.1 above (informational only)	0	3,024	19,485	0	0	0	0	0	0	0	0	0	22,509

(a) Column 13, Line 1.1 includes direct written premium of $ 6,849,814 for stand-alone dental and $ 2,032,886 for stand-alone vision policies.

SUPPLEMENT FOR THE YEAR 2018 OF THE UnitedHealthcare Insurance Company

SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 3

(To Be Filed by April 1 - Not for Rebate Purposes)

REPORT FOR: 1. CORPORATION UnitedHealthcare Insurance Company 2. 185 Asylum Street Hartford, CT 061033408 (LOCATION)

NAIC Group Code 0707 BUSINESS IN THE STATE OF Utah DURING THE YEAR 2018 NAIC Company Code 79413

	All Expenses	Improving Health Care Quality Expenses						Claims Adjustment Expenses		9	10
		1 Improve Health Outcomes	2 Activities to Prevent Hospital Readmissions	3 Improve Patient Safety and Reduce Medical Errors	4 Wellness & Health Promotion Activities	5 HIT Expenses	6 Total (1 to 5)	7 Cost Containment Expenses	8 Other Claims Adjustment Expenses	General Administrative Expenses	Total Expenses (6 to 9)
1.	Individual Comprehensive Coverage Expenses:										
	1.1 Salaries (including $ 6,371 for affiliated services)	0	0	0	0	0	0	755	1,157	4,459	6,371
	1.2 Outsourced Services	0	0	0	0	0	0	87	133	404	623
	1.3 EDP Equipment and Software (incl $ 454 for affiliated services)	0	0	0	0	0	0	63	97	295	454
	1.4 Other Equipment (excl. EDP) (incl $ 44 for affiliated services)	0	0	0	0	0	0	6	9	28	44
	1.5 Accreditation and Certification (incl $ 5 for affiliated services)	0	XXX	XXX	XXX	XXX	0	1	1	3	5
	1.6 Other Expenses (incl $ 14,342 for affiliated services)	1,637	0	0	0	0	1,637	1,689	2,587	14,625	20,538
	1.7 Subtotal before Reimbursements and Taxes (Lines 1.1 to 1.6)	1,637	0	0	0	0	1,637	2,600	3,983	19,814	28,034
	1.8 Reimbursements by uninsured plans and fiscal intermediaries	0	0	0	0	0	0	0	0	0	0
	1.9 Taxes, Licenses and Fees (in total, for tying purposes)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	(9,875)	(9,875)
	1.10 Total (1.7 to 1.9)	1,637	0	0	0	0	1,637	2,600	3,983	9,940	18,160
	1.11 Total Fraud and Abuse Detection/Recovery Expenses included in Column 7 (informational only)	0	0	0	0	0	0	778	0	0	778
2.	Small Group Comprehensive Coverage Expenses:										
	2.1 Salaries (including $ 2,404,373 for affiliated services)	0	0	0	0	0	0	318,400	457,496	1,628,476	2,404,373
	2.2 Outsourced Services	0	0	0	0	0	0	36,712	52,430	153,756	242,899
	2.3 EDP Equipment and Software (incl $ 167,295 for affiliated services)	0	0	0	0	0	0	26,588	38,203	102,504	167,295
	2.4 Other Equipment (excl. EDP) (incl $ 16,058 for affiliated services)	0	0	0	0	0	0	2,552	3,667	9,839	16,058
	2.5 Accreditation and Certification (incl $ 1,744 for affiliated services)	0	XXX	XXX	XXX	XXX	0	277	398	1,068	1,744
	2.6 Other Expenses (incl $ 1,382,831 for affiliated services)	335,786	0	0	0	0	335,786	152,618	198,887	2,197,808	2,885,099
	2.7 Subtotal before Reimbursements and Taxes (Lines 2.1 to 2.6)	335,786	0	0	0	0	335,786	537,148	751,081	4,093,451	5,717,466
	2.8 Reimbursements by uninsured plans and fiscal intermediaries	0	0	0	0	0	0	0	0	0	0
	2.9 Taxes, Licenses and Fees (in total, for tying purposes)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	227,740	227,740
	2.10 Total (2.7 to 2.9)	335,786	0	0	0	0	335,786	537,148	751,081	4,321,191	5,945,207
	2.11 Total Fraud and Abuse Detection/Recovery Expenses included in Column 7 (informational only)	0	0	0	0	0	0	158,245	0	0	158,245
3.	Large Group Comprehensive Coverage Expenses:										
	3.1 Salaries (including $ 4,301,918 for affiliated services)	0	0	0	0	0	0	639,223	828,744	2,833,951	4,301,918
	3.2 Outsourced Services	0	0	0	0	0	0	114,178	94,976	258,986	468,140
	3.3 EDP Equipment and Software (incl $ 271,696 for affiliated services)	0	0	0	0	0	0	53,378	69,204	149,114	271,696
	3.4 Other Equipment (excl. EDP) (incl $ 26,080 for affiliated services)	0	0	0	0	0	0	5,124	6,643	14,313	26,080
	3.5 Accreditation and Certification (incl $ 2,832 for affiliated services)	0	XXX	XXX	XXX	XXX	0	556	721	1,554	2,832
	3.6 Other Expenses (incl $ 13,584,181 for affiliated services)	1,803,277	0	0	0	0	1,803,277	2,053,195	2,677,875	4,836,757	11,371,103
	3.7 Subtotal before Reimbursements and Taxes (Lines 3.1 to 3.6)	1,803,277	0	0	0	0	1,803,277	2,865,654	3,678,163	8,094,675	16,441,769
	3.8 Reimbursements by uninsured plans and fiscal intermediaries	0	0	0	0	0	0	0	0	0	0
	3.9 Taxes, Licenses and Fees (in total, for tying purposes)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1,920,802	1,920,802
	3.10 Total (3.7 to 3.9)	1,803,277	0	0	0	0	1,803,277	2,865,654	3,678,163	10,015,478	18,362,572
	3.11 Total Fraud and Abuse Detection/Recovery Expenses included in Column 7 (informational only)	0	0	0	0	0	0	898,406	0	0	898,406

SUPPLEMENT FOR THE YEAR 2018 OF THE UnitedHealthcare Insurance Company

SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 3 (Continued)

	All Expenses	Improving Health Care Quality Expenses						Claims Adjustment Expenses		9	10
		1 Improve Health Outcomes	2 Activities to Prevent Hospital Readmissions	3 Improve Patient Safety and Reduce Medical Errors	4 Wellness & Health Promotion Activities	5 HIT Expenses	6 Total (1 to 5)	7 Cost Containment Expenses	8 Other Claims Adjustment Expenses	General Administrative Expenses	Total Expenses (6 to 9)
4.	Individual Mini-Med Plans Expenses:										
	4.1 Salaries (including $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	4.2 Outsourced Services	0	0	0	0	0	0	0	0	0	0
	4.3 EDP Equipment and Software (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	4.4 Other Equipment (excl. EDP) (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	4.5 Accreditation and Certification (incl $ 0 for affiliated services)	0	XXX	XXX	XXX	XXX	0	0	0	0	0
	4.6 Other Expenses (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	4.7 Subtotal before Reimbursements and Taxes (Lines 4.1 to 4.6)	0	0	0	0	0	0	0	0	0	0
	4.8 Reimbursements by uninsured plans and fiscal intermediaries	0	0	0	0	0	0	0	0	0	0
	4.9 Taxes, Licenses and Fees (in total, for tying purposes)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0
	4.10 Total (4.7 to 4.9)	0	0	0	0	0	0	0	0	0	0
	4.11 Total Fraud and Abuse Detection/Recovery Expenses included in Column 7 (informational only)	0	0	0	0	0	0	0	0	0	0
5.	Small Group Mini-Med Plans Expenses:										
	5.1 Salaries (including $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	5.2 Outsourced Services	0	0	0	0	0	0	0	0	0	0
	5.3 EDP Equipment and Software (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	5.4 Other Equipment (excl. EDP) (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	5.5 Accreditation and Certification (incl $ 0 for affiliated services)	0	XXX	XXX	XXX	XXX	0	0	0	0	0
	5.6 Other Expenses (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	5.7 Subtotal before Reimbursements and Taxes (Lines 5.1 to 5.6)	0	0	0	0	0	0	0	0	0	0
	5.8 Reimbursements by uninsured plans and fiscal intermediaries	0	0	0	0	0	0	0	0	0	0
	5.9 Taxes, Licenses and Fees (in total, for tying purposes)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0
	5.10 Total (5.7 to 5.9)	0	0	0	0	0	0	0	0	0	0
	5.11 Total Fraud and Abuse Detection/Recovery Expenses included in Column 7 (informational only)	0	0	0	0	0	0	0	0	0	0
6.	Large Group Mini-Med Plans Expenses:										
	6.1 Salaries (including $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	6.2 Outsourced Services	0	0	0	0	0	0	0	0	0	0
	6.3 EDP Equipment and Software (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	6.4 Other Equipment (excl. EDP) (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	6.5 Accreditation and Certification (incl $ 0 for affiliated services)	0	XXX	XXX	XXX	XXX	0	0	0	0	0
	6.6 Other Expenses (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	6.7 Subtotal before Reimbursements and Taxes (Lines 6.1 to 6.6)	0	0	0	0	0	0	0	0	0	0
	6.8 Reimbursements by uninsured plans and fiscal intermediaries	0	0	0	0	0	0	0	0	0	0
	6.9 Taxes, Licenses and Fees (in total, for tying purposes)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0
	6.10 Total (6.7 to 6.9)	0	0	0	0	0	0	0	0	0	0
	6.11 Total Fraud and Abuse Detection/Recovery Expenses included in Column 7 (informational only)	0	0	0	0	0	0	0	0	0	0

SUPPLEMENT FOR THE YEAR 2018 OF THE UnitedHealthcare Insurance Company

SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 3 (Continued)

	All Expenses	Improving Health Care Quality Expenses						Claims Adjustment Expenses		9	10
		1 Improve Health Outcomes	2 Activities to Prevent Hospital Readmissions	3 Improve Patient Safety and Reduce Medical Errors	4 Wellness & Health Promotion Activities	5 HIT Expenses	6 Total (1 to 5)	7 Cost Containment Expenses	8 Other Claims Adjustment Expenses	General Administrative Expenses	Total Expenses (6 to 9)
7.	Small Group Expatriate Plans Expenses:										
	7.1 Salaries (including $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	7.2 Outsourced Services	0	0	0	0	0	0	0	0	0	0
	7.3 EDP Equipment and Software (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	7.4 Other Equipment (excl. EDP) (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	7.5 Accreditation and Certification (incl $ 0 for affiliated services)	0	XXX	XXX	XXX	XXX	0	0	0	0	0
	7.6 Other Expenses (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	7.7 Subtotal before Reimbursements and Taxes (Lines 7.1 to 7.6)	0	0	0	0	0	0	0	0	0	0
	7.8 Reimbursements by uninsured plans and fiscal intermediaries	0	0	0	0	0	0	0	0	0	0
	7.9 Taxes, Licenses and Fees (in total, for tying purposes)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0
	7.10 Total (7.7 to 7.9)	0	0	0	0	0	0	0	0	0	0
	7.11 Total Fraud and Abuse Detection/Recovery Expenses included in Column 7 (informational only)	0	0	0	0	0	0	0	0	0	0
8.	Large Group Expatriate Plans Expenses:										
	8.1 Salaries (including $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	8.2 Outsourced Services	0	0	0	0	0	0	0	0	0	0
	8.3 EDP Equipment and Software (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	8.4 Other Equipment (excl. EDP) (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	8.5 Accreditation and Certification (incl $ 0 for affiliated services)	0	XXX	XXX	XXX	XXX	0	0	0	0	0
	8.6 Other Expenses (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	8.7 Subtotal before Reimbursements and Taxes (Lines 8.1 to 8.6)	0	0	0	0	0	0	0	0	0	0
	8.8 Reimbursements by uninsured plans and fiscal intermediaries	0	0	0	0	0	0	0	0	0	0
	8.9 Taxes, Licenses and Fees (in total, for tying purposes)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0
	8.10 Total (8.7 to 8.9)	0	0	0	0	0	0	0	0	0	0
	8.11 Total Fraud and Abuse Detection/Recovery Expenses included in Column 7 (informational only)	0	0	0	0	0	0	0	0	0	0
9.	Student Health Plans Expenses:										
	9.1 Salaries (including $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	9.2 Outsourced Services	0	0	0	0	0	0	0	0	0	0
	9.3 EDP Equipment and Software (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	9.4 Other Equipment (excl. EDP) (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	9.5 Accreditation and Certification (incl $ 0 for affiliated services)	0	XXX	XXX	XXX	XXX	0	0	0	0	0
	9.6 Other Expenses (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	9.7 Subtotal before Reimbursements and Taxes (Lines 9.1 to 9.6)	0	0	0	0	0	0	0	0	0	0
	9.8 Reimbursements by uninsured plans and fiscal intermediaries	0	0	0	0	0	0	0	0	0	0
	9.9 Taxes, Licenses and Fees (in total, for tying purposes)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0
	9.10 Total (9.7 to 9.9)	0	0	0	0	0	0	0	0	0	0
	9.11 Total Fraud and Abuse Detection/Recovery Expenses included in Column 7 (informational only)	0	0	0	0	0	0	0	0	0	0

SUPPLEMENT FOR THE YEAR 2018 OF THE UnitedHealthcare Insurance Company

SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 1

(To Be Filed by April 1 - Not for Rebate Purposes - See Cautionary Statement at http://www.naic.org/documents/committees_e_app_blanks_related_shce_cautionary_statement.pdf)

REPORT FOR: 1. CORPORATION UnitedHealthcare Insurance Company 2. 185 Asylum Street Hartford, CT 061033408 (LOCATION)

NAIC Group Code 0707 BUSINESS IN THE STATE OF Vermont DURING THE YEAR 2018 NAIC Company Code 79413

	Business Subject to MLR								9	10	11	12	13	14	15
	Comprehensive Health Coverage			Mini-Med Plans			Expatriate Plans								
	1 Individual	2 Small Group Employer	3 Large Group Employer	4 Individual	5 Small Group Employer	6 Large Group Employer	7 Small Group	8 Large Group	Student Health Plans	Government Business (excluded by statute)	Other Health Business	Medicare Advantage Part C and Medicare Part D Stand-Alone Subject to ACA	Subtotal (Cols. 1 through 12)	Uninsured Plans	Total 13 + 14
1. Premium:															
1.1 Health premiums earned (From Part 2, Line 1.11)	0	0	0	0	0	0	0	0	0	0	44,252,068	77,200,049	121,452,117	XXX	121,452,117
1.2 Federal high risk pools	0	0	0	0	0	0	0	0	0	0	0	0	0	XXX	0
1.3 State high risk pools	0	0	0	0	0	0	0	0	0	0	26,022	0	26,022	XXX	26,022
1.4 Premiums earned including state and federal high risk programs (Lines 1.1 + 1.2 + 1.3)	0	0	0	0	0	0	0	0	0	0	44,278,090	77,200,049	121,478,139	XXX	121,478,139
1.5 Federal taxes and federal assessments	62	195	42	0	0	0	0	0	0	0	222,454	4,796,309	5,019,061	0	5,019,061
1.6 State insurance, premium and other taxes (Similar local taxes of $ 11,563)	0	(4)	0	0	0	0	0	0	0	0	636,689	8,122	644,807	0	644,807
1.6a Community Benefit Expenditures (informational only)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
1.7 Regulatory authority licenses and fees	0	1	0	0	0	0	0	0	0	0	(11,026)	0	(11,025)	0	(11,025)
1.8 Adjusted Premiums Earned (Lines 1.4 - 1.5 - 1.6 - 1.7)	(62)	(192)	(42)	0	0	0	0	0	0	0	43,429,974	72,395,618	115,825,297	XXX	115,825,297
1.9 Net Assumed less Ceded reinsurance premiums earned	0	0	0	0	0	0	0	0	0	0	0	27,707	27,707	XXX	27,707
1.10 Other Adjustments due to MLR calculations - Premiums	0	0	0	0	0	0	0	0	0	0	12	181,316	181,328	XXX	181,328
1.11 Risk Revenue	0	0	0	0	0	0	0	0	0	0	0	0	0	XXX	0
1.12 Net adjusted premiums earned after reinsurance (Lines 1.8 + 1.9 + 1.10 + 1.11)	(62)	(192)	(42)	0	0	0	0	0	0	0	43,429,986	72,604,641	116,034,331	XXX	116,034,331
2. Claims:															
2.1 Incurred claims excluding prescription drugs	146	(33)	(189)	0	0	0	0	0	0	0	35,610,815	45,285,959	80,896,698	XXX	80,896,698
2.2 Prescription drugs	0	0	0	0	0	0	0	0	0	0	58,363	20,370,375	20,428,738	XXX	20,428,738
2.3 Pharmaceutical rebates	0	0	0	0	0	0	0	0	0	0	16,743	11,388,689	11,405,432	XXX	11,405,432
2.4 State stop loss, market stabilization and claim/census based assessments (informational only)	0	0	(1)	0	0	0	0	0	0	0	353,701	0	353,700	XXX	353,700
3. Incurred medical incentive pools and bonuses	0	0	0	0	0	0	0	0	0	0	0	0	0	XXX	0
4. Deductible Fraud and Abuse Detection/Recovery Expenses (for MLR use only)	0	0	0	0	0	0	0	0	0	0	0	580	580	0	580
5. 5.0 Total Incurred Claims (Lines 2.1 + 2.2 - 2.3 + 3) (From Part 2, Line 2.15)	146	(33)	(189)	0	0	0	0	0	0	0	35,652,435	54,267,644	89,920,004	XXX	89,920,004
5.1 Net Assumed less Ceded reinsurance claims incurred	0	0	30	0	0	0	0	0	0	0	0	0	30	XXX	30
5.2 Other Adjustments due to MLR calculations - Claims	0	0	0	0	0	0	0	0	0	0	0	0	0	XXX	0
5.3 Rebates paid	0	0	0	0	0	0	0	0	0	XXX	XXX	0	0	XXX	0
5.4 Estimated rebates unpaid prior year	0	0	0	0	0	0	0	0	0	XXX	XXX	0	0	XXX	0
5.5 Estimated rebates unpaid current year	0	0	0	0	0	0	0	0	0	XXX	XXX	0	0	XXX	0
5.6 Fee for service and co-pay revenue	0	0	0	0	0	0	0	0	0	0	0	0	0	XXX	0
5.7 Net incurred claims after reinsurance (Lines 5.0 + 5.1 + 5.2 + 5.3 - 5.4 + 5.5 - 5.6)	146	(33)	(159)	0	0	0	0	0	0	0	35,652,435	54,267,644	89,920,034	XXX	89,920,034
6. Improving Health Care Quality Expenses Incurred:															
6.1 Improve health outcomes	0	0	0	0	0	0	0	0	0	0	75,226	580,272	655,499	0	655,499
6.2 Activities to prevent hospital readmissions	0	0	0	0	0	0	0	0	0	0	23	154,285	154,308	0	154,308
6.3 Improve patient safety and reduce medical errors	0	0	0	0	0	0	0	0	0	0	25	118,111	118,136	0	118,136
6.4 Wellness and health promotion activities	0	0	0	0	0	0	0	0	0	0	343,779	17,839	361,618	0	361,618
6.5 Health Information Technology expenses related to health improvement	0	0	0	0	0	0	0	0	0	0	14,354	249,157	263,511	0	263,511
6.6 Total of Defined Expenses Incurred for Improving Health Care Quality (Lines 6.1+6.2+6.3+6.4+6.5)	0	0	0	0	0	0	0	0	0	0	433,407	1,119,664	1,553,071	0	1,553,071
7. Preliminary Medical Loss Ratio: MLR ((Lines 4 + 5.0 + 6.6 - Footnote 2.0)/Line 1.8	(2.352)	0.170	4.526	0.000	0.000	0.000	0.000	0.000	0.000	XXX	XXX	0.765	XXX	XXX	XXX
8. Claims Adjustment Expenses:															
8.1 Cost containment expenses not included in quality of care expenses in Line 6.6	0	0	0	0	0	0	0	0	0	0	7,719	514,379	522,098	0	522,098
8.2 All other claims adjustment expenses	0	0	0	0	0	0	0	0	0	0	595,363	1,005,888	1,601,251	0	1,601,251
8.3 Total claims adjustment expenses (Lines 8.1 + 8.2)	0	0	0	0	0	0	0	0	0	0	603,082	1,520,267	2,123,349	0	2,123,349
9. Claims Adjustment Expense Ratio (Line 8.3/Line 1.8)	0.000	(0.001)	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.014	0.021	XXX	XXX	XXX

SUPPLEMENT FOR THE YEAR 2018 OF THE UnitedHealthcare Insurance Company

SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 1 (Continued)

	Business Subject to MLR									10	11	12	13	14	15
	Comprehensive Health Coverage			Mini-Med Plans			Expatriate Plans		9						
	1 Individual	2 Small Group Employer	3 Large Group Employer	4 Individual	5 Small Group Employer	6 Large Group Employer	7 Small Group	8 Large Group	Student Health Plans	Government Business (excluded by statute)	Other Health Business	Medicare Advantage Part C and Medicare Part D Stand-Alone Subject to ACA	Subtotal (Cols. 1 through 12)	Uninsured Plans	Total 13 + 14
10. General and Administrative (G&A) Expenses:															
10.1 Direct sales salaries and benefits	0	0	0	0	0	0	0	0	0	0	48,754	172,100	220,854	0	220,854
10.2 Agents and brokers fees and commissions	0	0	0	0	0	0	0	0	0	0	1,526,189	275,095	1,801,283	0	1,801,283
10.3 Other taxes (excluding taxes on Lines 1.5 through 1.7 and Line 14 below)	(458)	(940)	(51)	0	0	0	0	0	0	0	71,687	90,989	161,228	0	161,228
10.4 Other general and administrative expenses	0	0	0	0	0	0	0	0	0	0	4,199,306	2,430,022	6,629,328	0	6,629,328
10.4a Community Benefit Expenditures (informational only)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
10.5 Total general and administrative (Lines 10.1 +10.2 + 10.3 + 10.4)	(458)	(940)	(51)	0	0	0	0	0	0	0	5,845,936	2,968,205	8,812,693	0	8,812,693
11. Underwriting Gain/(Loss) (Lines 1.12 - 5.7 - 6.6 - 8.3 - 10.5)	250	780	167	0	0	0	0	0	0	0	895,127	12,728,861	13,625,185	XXX	13,625,185
12. Income from fees of uninsured plans	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0
13. Net investment and other gain/(loss)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1,579,339	XXX	1,579,339
14. Federal income taxes (excluding taxes on Line 1.5 above)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	91,784	XXX	91,784
15. Net gain or (loss) (Lines 11 + 12 + 13 - 14)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	15,112,740	XXX	15,112,740
16. ICD-10 Implementation Expenses (informational only; already included in general expenses and line 10.4)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
16. 16a ICD-10 Implementation Expenses (informational only; already included in line 10.4)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
OTHER INDICATORS:															
1. Number of certificates/policies	0	0	0	0	0	0	0	0	0	0	18,160	21,176	39,336	0	39,336
2. Number of Covered Lives	0	0	0	0	0	0	0	0	0	0	18,045	21,176	39,221	0	39,221
3. Number of Groups	XXX	0	0	XXX	0	0	0	0	0	0	2	0	2	0	2
4. Member Months	0	0	0	0	0	0	0	0	0	0	221,219	259,301	480,520	0	480,520

Is run off business reported in Columns 1 through 9 or 12? Yes [ ] No [ ] If yes, show the amount of premiums and claims included. Premiums $ 0 Claims $ 0

216-2.VT

AFFORDABLE CARE ACT (ACA) RECEIPTS, PAYMENTS, RECEIVABLES and PAYABLES

	Current Year Comprehensive Health Coverage		Prior Year Comprehensive Health Coverage	
	1 Individual Plans	2 Small Group Employer Plans	3 Individual Plans	4 Small Group Employer Plans
ACA Receivables and Payables				
1. Permanent ACA Risk Adjustment Program				
1.0 Premium adjustments receivable/(payable)	0	0	0	0
2. Transitional ACA Reinsurance Program				
2.0 Total amounts recoverable for claims (paid & unpaid)	0	XXX	0	XXX
3. Temporary ACA Risk Corridors Program				
3.1 Accrued retrospective premium	0	0	0	0
3.2 Reserve for rate credits or policy experience refunds	0	0	0	0
ACA Receipts and Payments				
4. Permanent ACA Risk Adjustment Program				
4.0 Premium adjustments receipts/(payments)	0	0	0	0
5. Transitional ACA Reinsurance Program				
5.0 Amounts received for claims	0	XXX	0	XXX
6. Temporary ACA Risk Corridors Program				
6.1 Retrospective premium received	0	0	0	0
6.2 Rate credits or policy experience refunds paid	0	0	0	0

SUPPLEMENT FOR THE YEAR 2018 OF THE UnitedHealthcare Insurance Company

SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 2

(To Be Filed by April 1 - Not for Rebate Purposes)

REPORT FOR: 1. CORPORATION UnitedHealthcare Insurance Company 2. 185 Asylum Street Hartford, CT 061033408 (LOCATION)

NAIC Group Code 0707 BUSINESS IN THE STATE OF Vermont DURING THE YEAR 2018 NAIC Company Code 79413

	Business Subject to MLR									10	11	12	13
	Comprehensive Health Coverage			Mini-Med Plans			Expatriate Plans:		9				
	1 Individual	2 Small Group Employer	3 Large Group Employer	4 Individual	5 Small Group Employer	6 Large Group Employer	7 Small Group	8 Large Group	Student Health Plans	Government Business (excluded by statute)	Other Health Business	Medicare Advantage Part C and Medicare Part D Stand-Alone Subject to ACA	Total (a)
1. Health Premiums Earned:													
1.1 Direct premiums written	0	0	0	0	0	0	0	0	0	0	44,252,080	77,381,365	121,633,445
1.2 Unearned premium prior year	0	0	0	0	0	0	0	0	0	0	0	0	0
1.3 Unearned premium current year	0	0	0	0	0	0	0	0	0	0	0	0	0
1.4 Change in unearned premium (Lines 1.2 - 1.3)	0	0	0	0	0	0	0	0	0	0	0	0	0
1.5 Paid rate credits	146	0	(146)	0	0	0	0	0	0	0	469,324	0	469,324
1.6 Reserve for rate credits current year	0	0	0	0	0	0	0	0	0	0	0	(411,132)	(411,132)
1.7 Reserve for rate credits prior year	0	0	0	0	0	0	0	0	0	0	0	15,622	15,622
1.8 Change in reserve for rate credits (Lines 1.6 - 1.7)	0	0	0	0	0	0	0	0	0	0	0	(426,754)	(426,754)
1.9 Premium balances written off	0	0	0	0	0	0	0	0	0	0	12	181,316	181,328
1.10 Group conversion charge	0	0	0	0	0	0	0	0	0	0	0	0	0
1.11 Total direct premiums earned (Lines 1.1 + 1.4 - 1.9 + 1.10)	0	0	0	0	0	0	0	0	0	0	44,252,068	77,200,049	121,452,117
1.12 Assumed premiums earned from non-affiliates	0	0	0	0	0	0	0	0	0	0	0	0	0
1.13 Net Assumed less Ceded premiums earned from affiliates	0	0	0	0	0	0	0	0	0	0	0	27,707	27,707
1.14 Ceded premiums earned to non-affiliates	0	0	0	0	0	0	0	0	0	0	0	0	0
1.15 Other Adjustments due to MLR calculation - Premiums	0	0	0	0	0	0	0	0	0	0	12	181,316	181,328
1.16 Net premiums earned (Lines 1.11 - 1.5 - 1.8 + 1.12 + 1.13 - 1.14 + 1.15)	(146)	0	146	0	0	0	0	0	0	0	43,782,756	77,835,826	121,618,582
2. Direct Claims Incurred:													
2.1 Paid claims during the year	0	(38)	(43)	0	0	0	0	0	0	0	35,192,118	54,759,939	89,951,976
2.2 Direct claim liability current year	0	5	0	0	0	0	0	0	0	0	4,345,185	2,540,347	6,885,537
2.3 Direct claim liability prior year	0	0	0	0	0	0	0	0	0	0	4,302,386	2,803,654	7,106,041
2.4 Direct claim reserves current year	0	0	0	0	0	0	0	0	0	0	1,195,582	3,018	1,198,600
2.5 Direct claim reserves prior year	0	0	0	0	0	0	0	0	0	0	1,242,167	2,393	1,244,560
2.6 Direct contract reserves current year	0	0	0	0	0	0	0	0	0	0	8	0	8
2.7 Direct contract reserves prior year	0	0	0	0	0	0	0	0	0	0	39	0	39
2.8 Paid rate credits	146	0	(146)	0	0	0	0	0	0	0	469,324	0	469,324
2.9 Reserve for rate credits current year	0	0	0	0	0	0	0	0	0	0	0	(411,132)	(411,132)
2.10 Reserve for rate credits prior year	0	0	0	0	0	0	0	0	0	0	0	15,622	15,622
2.11 Incurred medical incentive pools and bonuses (Lines 2.11a + 2.11b - 2.11c)	0	0	0	0	0	0	0	0	0	0	0	0	0
2.11a Paid medical incentive pools and bonuses current year	0	0	0	0	0	0	0	0	0	0	0	0	0
2.11b Accrued medical incentive pools and bonuses current year	0	0	0	0	0	0	0	0	0	0	0	0	0
2.11c Accrued medical incentive pools and bonuses prior year	0	0	0	0	0	0	0	0	0	0	0	0	0
2.12 Net healthcare receivables (Lines 2.12a - 2.12b)	0	0	0	0	0	0	0	0	0	0	5,190	(197,143)	(191,953)
2.12a Healthcare receivables current year	0	0	0	0	0	0	0	0	0	0	5,190	5,998,560	6,003,750
2.12b Healthcare receivables prior year	0	0	0	0	0	0	0	0	0	0	0	6,195,703	6,195,703
2.13 Group conversion charge	0	0	0	0	0	0	0	0	0	0	0	0	0
2.14 Multi-option coverage blended rate adjustment	0	0	0	0	0	0	0	0	0	0	0	0	0
2.15 Total incurred claims (Lines 2.1 + 2.2 - 2.3 + 2.4 - 2.5 + 2.6 - 2.7 + 2.8 + 2.9 - 2.10 + 2.11 - 2.12 + 2.13 + 2.14)	146	(33)	(189)	0	0	0	0	0	0	0	35,652,435	54,267,644	89,920,004
2.16 Assumed incurred claims from non-affiliates	0	0	0	0	0	0	0	0	0	0	0	0	0
2.17 Net assumed less ceded incurred claims from affiliates	0	0	0	0	0	0	0	0	0	0	0	0	0
2.18 Ceded incurred claims to non-affiliates	0	0	(30)	0	0	0	0	0	0	0	0	0	(30)
2.19 Other adjustments due to MLR calculation - Claims	0	0	0	0	0	0	0	0	0	0	0	0	0
2.20 Net Incurred Claims (Lines 2.15 - 2.8 - 2.9 + 2.10 + 2.16 + 2.17 - 2.18 + 2.19)	0	(33)	(13)	0	0	0	0	0	0	0	35,183,111	54,694,398	89,877,464
3. Fraud and Abuse Recoveries that Reduced PAID Claims in Line 2.1 above (informational only)	0	38	42	0	0	0	0	0	0	0	0	580	659

(a) Column 13, Line 1.1 includes direct written premium of $ 0 for stand-alone dental and $ 554 for stand-alone vision policies.

SUPPLEMENT FOR THE YEAR 2018 OF THE UnitedHealthcare Insurance Company

SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 3

(To Be Filed by April 1 - Not for Rebate Purposes)

REPORT FOR: 1. CORPORATION UnitedHealthcare Insurance Company 2. 185 Asylum Street Hartford, CT 061033408 (LOCATION)

NAIC Group Code 0707 BUSINESS IN THE STATE OF Vermont DURING THE YEAR 2018 NAIC Company Code 79413

	All Expenses	Improving Health Care Quality Expenses						Claims Adjustment Expenses		9	10
		1 Improve Health Outcomes	2 Activities to Prevent Hospital Readmissions	3 Improve Patient Safety and Reduce Medical Errors	4 Wellness & Health Promotion Activities	5 HIT Expenses	6 Total (1 to 5)	7 Cost Containment Expenses	8 Other Claims Adjustment Expenses	General Administrative Expenses	Total Expenses (6 to 9)
1.	Individual Comprehensive Coverage Expenses:										
	1.1 Salaries (including $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	1.2 Outsourced Services	0	0	0	0	0	0	0	0	0	0
	1.3 EDP Equipment and Software (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	1.4 Other Equipment (excl. EDP) (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	1.5 Accreditation and Certification (incl $ 0 for affiliated services)	0	XXX	XXX	XXX	XXX	0	0	0	0	0
	1.6 Other Expenses (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	1.7 Subtotal before Reimbursements and Taxes (Lines 1.1 to 1.6)	0	0	0	0	0	0	0	0	0	0
	1.8 Reimbursements by uninsured plans and fiscal intermediaries	0	0	0	0	0	0	0	0	0	0
	1.9 Taxes, Licenses and Fees (in total, for tying purposes)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	(458)	(458)
	1.10 Total (1.7 to 1.9)	0	0	0	0	0	0	0	0	(458)	(458)
	1.11 Total Fraud and Abuse Detection/Recovery Expenses included in Column 7 (informational only)	0	0	0	0	0	0	0	0	0	0
2.	Small Group Comprehensive Coverage Expenses:										
	2.1 Salaries (including $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	2.2 Outsourced Services	0	0	0	0	0	0	0	0	0	0
	2.3 EDP Equipment and Software (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	2.4 Other Equipment (excl. EDP) (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	2.5 Accreditation and Certification (incl $ 0 for affiliated services)	0	XXX	XXX	XXX	XXX	0	0	0	0	0
	2.6 Other Expenses (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	2.7 Subtotal before Reimbursements and Taxes (Lines 2.1 to 2.6)	0	0	0	0	0	0	0	0	0	0
	2.8 Reimbursements by uninsured plans and fiscal intermediaries	0	0	0	0	0	0	0	0	0	0
	2.9 Taxes, Licenses and Fees (in total, for tying purposes)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	(943)	(943)
	2.10 Total (2.7 to 2.9)	0	0	0	0	0	0	0	0	(943)	(942)
	2.11 Total Fraud and Abuse Detection/Recovery Expenses included in Column 7 (informational only)	0	0	0	0	0	0	0	0	0	0
3.	Large Group Comprehensive Coverage Expenses:										
	3.1 Salaries (including $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	3.2 Outsourced Services	0	0	0	0	0	0	0	0	0	0
	3.3 EDP Equipment and Software (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	3.4 Other Equipment (excl. EDP) (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	3.5 Accreditation and Certification (incl $ 0 for affiliated services)	0	XXX	XXX	XXX	XXX	0	0	0	0	0
	3.6 Other Expenses (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	3.7 Subtotal before Reimbursements and Taxes (Lines 3.1 to 3.6)	0	0	0	0	0	0	0	0	0	0
	3.8 Reimbursements by uninsured plans and fiscal intermediaries	0	0	0	0	0	0	0	0	0	0
	3.9 Taxes, Licenses and Fees (in total, for tying purposes)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	(51)	(51)
	3.10 Total (3.7 to 3.9)	0	0	0	0	0	0	0	0	(51)	(51)
	3.11 Total Fraud and Abuse Detection/Recovery Expenses included in Column 7 (informational only)	0	0	0	0	0	0	0	0	0	0

SUPPLEMENT FOR THE YEAR 2018 OF THE UnitedHealthcare Insurance Company

SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 3 (Continued)

	All Expenses	Improving Health Care Quality Expenses						Claims Adjustment Expenses		9	10
		1 Improve Health Outcomes	2 Activities to Prevent Hospital Readmissions	3 Improve Patient Safety and Reduce Medical Errors	4 Wellness & Health Promotion Activities	5 HIT Expenses	6 Total (1 to 5)	7 Cost Containment Expenses	8 Other Claims Adjustment Expenses	General Administrative Expenses	Total Expenses (6 to 9)
4.	Individual Mini-Med Plans Expenses:										
	4.1 Salaries (including $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	4.2 Outsourced Services	0	0	0	0	0	0	0	0	0	0
	4.3 EDP Equipment and Software (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	4.4 Other Equipment (excl. EDP) (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	4.5 Accreditation and Certification (incl $ 0 for affiliated services)	0	XXX	XXX	XXX	XXX	0	0	0	0	0
	4.6 Other Expenses (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	4.7 Subtotal before Reimbursements and Taxes (Lines 4.1 to 4.6)	0	0	0	0	0	0	0	0	0	0
	4.8 Reimbursements by uninsured plans and fiscal intermediaries	0	0	0	0	0	0	0	0	0	0
	4.9 Taxes, Licenses and Fees (in total, for tying purposes)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0
	4.10 Total (4.7 to 4.9)	0	0	0	0	0	0	0	0	0	0
	4.11 Total Fraud and Abuse Detection/Recovery Expenses included in Column 7 (informational only)	0	0	0	0	0	0	0	0	0	0
5.	Small Group Mini-Med Plans Expenses:										
	5.1 Salaries (including $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	5.2 Outsourced Services	0	0	0	0	0	0	0	0	0	0
	5.3 EDP Equipment and Software (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	5.4 Other Equipment (excl. EDP) (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	5.5 Accreditation and Certification (incl $ 0 for affiliated services)	0	XXX	XXX	XXX	XXX	0	0	0	0	0
	5.6 Other Expenses (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	5.7 Subtotal before Reimbursements and Taxes (Lines 5.1 to 5.6)	0	0	0	0	0	0	0	0	0	0
	5.8 Reimbursements by uninsured plans and fiscal intermediaries	0	0	0	0	0	0	0	0	0	0
	5.9 Taxes, Licenses and Fees (in total, for tying purposes)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0
	5.10 Total (5.7 to 5.9)	0	0	0	0	0	0	0	0	0	0
	5.11 Total Fraud and Abuse Detection/Recovery Expenses included in Column 7 (informational only)	0	0	0	0	0	0	0	0	0	0
6.	Large Group Mini-Med Plans Expenses:										
	6.1 Salaries (including $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	6.2 Outsourced Services	0	0	0	0	0	0	0	0	0	0
	6.3 EDP Equipment and Software (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	6.4 Other Equipment (excl. EDP) (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	6.5 Accreditation and Certification (incl $ 0 for affiliated services)	0	XXX	XXX	XXX	XXX	0	0	0	0	0
	6.6 Other Expenses (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	6.7 Subtotal before Reimbursements and Taxes (Lines 6.1 to 6.6)	0	0	0	0	0	0	0	0	0	0
	6.8 Reimbursements by uninsured plans and fiscal intermediaries	0	0	0	0	0	0	0	0	0	0
	6.9 Taxes, Licenses and Fees (in total, for tying purposes)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0
	6.10 Total (6.7 to 6.9)	0	0	0	0	0	0	0	0	0	0
	6.11 Total Fraud and Abuse Detection/Recovery Expenses included in Column 7 (informational only)	0	0	0	0	0	0	0	0	0	0

SUPPLEMENT FOR THE YEAR 2018 OF THE UnitedHealthcare Insurance Company

SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 3 (Continued)

	All Expenses	Improving Health Care Quality Expenses						Claims Adjustment Expenses		9	10
		1 Improve Health Outcomes	2 Activities to Prevent Hospital Readmissions	3 Improve Patient Safety and Reduce Medical Errors	4 Wellness & Health Promotion Activities	5 HIT Expenses	6 Total (1 to 5)	7 Cost Containment Expenses	8 Other Claims Adjustment Expenses	General Administrative Expenses	Total Expenses (6 to 9)
7.	Small Group Expatriate Plans Expenses:										
	7.1 Salaries (including $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	7.2 Outsourced Services	0	0	0	0	0	0	0	0	0	0
	7.3 EDP Equipment and Software (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	7.4 Other Equipment (excl. EDP) (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	7.5 Accreditation and Certification (incl $ 0 for affiliated services)	0	XXX	XXX	XXX	XXX	0	0	0	0	0
	7.6 Other Expenses (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	7.7 Subtotal before Reimbursements and Taxes (Lines 7.1 to 7.6)	0	0	0	0	0	0	0	0	0	0
	7.8 Reimbursements by uninsured plans and fiscal intermediaries	0	0	0	0	0	0	0	0	0	0
	7.9 Taxes, Licenses and Fees (in total, for tying purposes)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0
	7.10 Total (7.7 to 7.9)	0	0	0	0	0	0	0	0	0	0
	7.11 Total Fraud and Abuse Detection/Recovery Expenses included in Column 7 (informational only)	0	0	0	0	0	0	0	0	0	0
8.	Large Group Expatriate Plans Expenses:										
	8.1 Salaries (including $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	8.2 Outsourced Services	0	0	0	0	0	0	0	0	0	0
	8.3 EDP Equipment and Software (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	8.4 Other Equipment (excl. EDP) (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	8.5 Accreditation and Certification (incl $ 0 for affiliated services)	0	XXX	XXX	XXX	XXX	0	0	0	0	0
	8.6 Other Expenses (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	8.7 Subtotal before Reimbursements and Taxes (Lines 8.1 to 8.6)	0	0	0	0	0	0	0	0	0	0
	8.8 Reimbursements by uninsured plans and fiscal intermediaries	0	0	0	0	0	0	0	0	0	0
	8.9 Taxes, Licenses and Fees (in total, for tying purposes)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0
	8.10 Total (8.7 to 8.9)	0	0	0	0	0	0	0	0	0	0
	8.11 Total Fraud and Abuse Detection/Recovery Expenses included in Column 7 (informational only)	0	0	0	0	0	0	0	0	0	0
9.	Student Health Plans Expenses:										
	9.1 Salaries (including $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	9.2 Outsourced Services	0	0	0	0	0	0	0	0	0	0
	9.3 EDP Equipment and Software (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	9.4 Other Equipment (excl. EDP) (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	9.5 Accreditation and Certification (incl $ 0 for affiliated services)	0	XXX	XXX	XXX	XXX	0	0	0	0	0
	9.6 Other Expenses (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	9.7 Subtotal before Reimbursements and Taxes (Lines 9.1 to 9.6)	0	0	0	0	0	0	0	0	0	0
	9.8 Reimbursements by uninsured plans and fiscal intermediaries	0	0	0	0	0	0	0	0	0	0
	9.9 Taxes, Licenses and Fees (in total, for tying purposes)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0
	9.10 Total (9.7 to 9.9)	0	0	0	0	0	0	0	0	0	0
	9.11 Total Fraud and Abuse Detection/Recovery Expenses included in Column 7 (informational only)	0	0	0	0	0	0	0	0	0	0

7 9 4 1 3 2 0 1 8 2 1 6 4 7 1 0 0

SUPPLEMENT FOR THE YEAR 2018 OF THE UnitedHealthcare Insurance Company

SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 1

(To Be Filed by April 1 - Not for Rebate Purposes - See Cautionary Statement at http://www.naic.org/documents/committees_e_app_blanks_related_shce_cautionary_statement.pdf)

REPORT FOR: 1. CORPORATION UnitedHealthcare Insurance Company 2. 185 Asylum Street Hartford, CT 061033408 (LOCATION)

NAIC Group Code 0707 BUSINESS IN THE STATE OF Virginia DURING THE YEAR 2018 NAIC Company Code 79413

	Business Subject to MLR									10	11	12	13	14	15
	Comprehensive Health Coverage			Mini-Med Plans			Expatriate Plans		9						
	1 Individual	2 Small Group Employer	3 Large Group Employer	4 Individual	5 Small Group Employer	6 Large Group Employer	7 Small Group	8 Large Group	Student Health Plans	Government Business (excluded by statute)	Other Health Business	Medicare Advantage Part C and Medicare Part D Stand-Alone Subject to ACA	Subtotal (Cols. 1 through 12)	Uninsured Plans	Total 13 + 14
1. Premium:															
1.1 Health premiums earned (From Part 2, Line 1.11)	2,362,267	352,101,001	650,093,437	0	0	0	0	0	0	445,171,066	343,444,504	166,026,723	1,959,198,997	XXX	1,959,198,997
1.2 Federal high risk pools	0	0	0	0	0	0	0	0	0	0	0	0	0	XXX	0
1.3 State high risk pools	(882)	(8,938)	(65,479)	0	0	0	0	0	0	0	149,001	0	73,702	XXX	73,702
1.4 Premiums earned including state and federal high risk programs (Lines 1.1 + 1.2 + 1.3)	2,361,384	352,092,063	650,027,958	0	0	0	0	0	0	445,171,066	343,593,505	166,026,723	1,959,272,699	XXX	1,959,272,699
1.5 Federal taxes and federal assessments	(4,942)	12,306,664	23,509,824	0	0	0	0	0	0	(4,163,497)	2,816,055	7,069,752	41,533,856	(2)	41,533,854
1.6 State insurance, premium and other taxes (Similar local taxes of $ 219,656)	15,669	5,017,060	1,992,343	0	0	0	0	0	0	9,960,053	17,718,192	18,923	34,722,241	0	34,722,241
1.6a Community Benefit Expenditures (informational only)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
1.7 Regulatory authority licenses and fees	775	59,425	127,819	0	0	0	0	0	0	0	(40,611)	0	147,408	0	147,408
1.8 Adjusted Premiums Earned (Lines 1.4 - 1.5 - 1.6 - 1.7)	2,349,883	334,708,914	624,397,971	0	0	0	0	0	0	439,374,509	323,099,869	158,938,048	1,882,869,195	XXX	1,882,869,197
1.9 Net Assumed less Ceded reinsurance premiums earned	299	68,720	(54,602,731)	0	0	0	0	0	0	164,410	(1,154,582)	460,663	(55,063,221)	XXX	(55,063,221)
1.10 Other Adjustments due to MLR calculations - Premiums	0	48,761	2,342	0	0	0	0	0	0	0	1,176	1,092,604	1,144,883	XXX	1,144,883
1.11 Risk Revenue	0	0	0	0	0	0	0	0	0	0	0	0	0	XXX	0
1.12 Net adjusted premiums earned after reinsurance (Lines 1.8 + 1.9 + 1.10 + 1.11)	2,350,182	334,826,394	569,797,583	0	0	0	0	0	0	439,538,919	321,946,463	160,491,314	1,828,950,856	XXX	1,828,950,858
2. Claims:															
2.1 Incurred claims excluding prescription drugs	1,974,959	224,967,467	447,975,269	0	0	0	0	0	0	378,487,232	254,774,996	46,974,990	1,355,154,913	XXX	1,355,154,913
2.2 Prescription drugs	255,890	55,544,430	117,731,539	0	0	0	0	0	0	38,366,215	5,822,012	177,584,887	395,304,972	XXX	395,304,972
2.3 Pharmaceutical rebates	76,387	17,507,288	34,217,272	0	0	0	0	0	0	240,682	154,867	98,063,806	150,260,302	XXX	150,260,302
2.4 State stop loss, market stabilization and claim/census based assessments (informational only)	1,051	210,165	676,491	0	0	0	0	0	0	0	85	0	887,792	XXX	887,792
3. Incurred medical incentive pools and bonuses	0	220,365	936,067	0	0	0	0	0	0	20,040	0	76,989	1,253,462	XXX	1,253,462
4. Deductible Fraud and Abuse Detection/Recovery Expenses (for MLR use only)	0	4,885	39,405	0	0	0	0	0	0	6,993	0	436	51,719	0	51,719
5. 5.0 Total Incurred Claims (Lines 2.1 + 2.2 - 2.3 + 3) (From Part 2, Line 2.15)	2,154,462	263,224,974	532,425,604	0	0	0	0	0	0	416,632,804	260,442,141	126,573,060	1,601,453,045	XXX	1,601,453,045
5.1 Net Assumed less Ceded reinsurance claims incurred	0	0	(43,384,842)	0	0	0	0	0	0	0	(1,160,405)	0	(44,545,247)	XXX	(44,545,247)
5.2 Other Adjustments due to MLR calculations - Claims	0	(246,219)	0	0	0	0	0	0	0	0	0	0	(246,219)	XXX	(246,219)
5.3 Rebates paid	0	246,219	0	0	0	0	0	0	0	XXX	XXX	0	246,219	XXX	246,219
5.4 Estimated rebates unpaid prior year	0	(1)	0	0	0	0	0	0	0	XXX	XXX	0	(1)	XXX	(1)
5.5 Estimated rebates unpaid current year	0	(1)	0	0	0	0	0	0	0	XXX	XXX	0	(1)	XXX	(1)
5.6 Fee for service and co-pay revenue	0	0	0	0	0	0	0	0	0	0	0	0	0	XXX	0
5.7 Net incurred claims after reinsurance (Lines 5.0 + 5.1 + 5.2 + 5.3 - 5.4 + 5.5 - 5.6)	2,154,462	263,224,974	489,040,762	0	0	0	0	0	0	416,632,804	259,281,736	126,573,060	1,556,907,798	XXX	1,556,907,798
6. Improving Health Care Quality Expenses Incurred:															
6.1 Improve health outcomes	18,898	2,816,808	5,200,747	0	0	0	0	0	0	7,620,126	651,461	457,991	16,766,033	0	16,766,033
6.2 Activities to prevent hospital readmissions	0	0	0	0	0	0	0	0	0	5,307,823	190,546	132,745	5,631,114	0	5,631,114
6.3 Improve patient safety and reduce medical errors	0	0	0	0	0	0	0	0	0	4,389,718	159,714	438,317	4,987,749	0	4,987,749
6.4 Wellness and health promotion activities	0	0	0	0	0	0	0	0	0	3,219,404	2,221,248	(90,750)	5,349,902	0	5,349,902
6.5 Health Information Technology expenses related to health improvement	0	0	0	0	0	0	0	0	0	368,211	157,168	398,064	923,442	0	923,442
6.6 Total of Defined Expenses Incurred for Improving Health Care Quality (Lines 6.1+6.2+6.3+6.4+6.5)	18,898	2,816,808	5,200,747	0	0	0	0	0	0	20,905,282	3,380,137	1,336,367	33,658,239	0	33,658,239
7. Preliminary Medical Loss Ratio: MLR ((Lines 4 + 5.0 + 6.6 - Footnote 2.0)/Line 1.8	0.925	0.795	0.861	0.000	0.000	0.000	0.000	0.000	0.000	XXX	XXX	0.805	XXX	XXX	XXX
8. Claims Adjustment Expenses:															
8.1 Cost containment expenses not included in quality of care expenses in Line 6.6	31,760	4,356,373	7,285,967	0	0	0	0	0	0	887,676	620,364	1,728,705	14,910,844	0	14,910,844
8.2 All other claims adjustment expenses	54,408	6,333,252	8,708,233	0	0	0	0	0	0	4,591,990	5,167,987	8,684,539	33,540,410	0	33,540,410
8.3 Total claims adjustment expenses (Lines 8.1 + 8.2)	86,168	10,689,625	15,994,200	0	0	0	0	0	0	5,479,666	5,788,351	10,413,244	48,451,254	0	48,451,254
9. Claims Adjustment Expense Ratio (Line 8.3/Line 1.8)	0.037	0.032	0.026	0.000	0.000	0.000	0.000	0.000	0.000	0.012	0.018	0.066	XXX	XXX	XXX

SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 1 (Continued)

	Business Subject to MLR									10	11	12	13	14	15
	Comprehensive Health Coverage			Mini-Med Plans			Expatriate Plans		9						
	1 Individual	2 Small Group Employer	3 Large Group Employer	4 Individual	5 Small Group Employer	6 Large Group Employer	7 Small Group	8 Large Group	Student Health Plans	Government Business (excluded by statute)	Other Health Business	Medicare Advantage Part C and Medicare Part D Stand-Alone Subject to ACA	Subtotal (Cols. 1 through 12)	Uninsured Plans	Total 13 + 14
10. General and Administrative (G&A) Expenses:															
10.1 Direct sales salaries and benefits	10,920	1,462,777	2,030,080	0	0	0	0	0	0	18,186	759,509	337,331	4,618,803	0	4,618,803
10.2 Agents and brokers fees and commissions	79,450	11,866,317	5,638,336	0	0	0	0	0	0	0	14,155,479	1,815,944	33,555,526	10	33,555,536
10.3 Other taxes (excluding taxes on Lines 1.5 through 1.7 and Line 14 below)	(1,954)	461,233	591,846	0	0	0	0	0	0	453,916	643,218	300,455	2,448,713	0	2,448,713
10.4 Other general and administrative expenses	141,334	18,162,347	13,803,155	0	0	0	0	0	0	13,820,138	30,947,266	9,105,076	85,979,316	0	85,979,316
10.4a Community Benefit Expenditures (informational only)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
10.5 Total general and administrative (Lines 10.1 +10.2 + 10.3 + 10.4)	229,750	31,952,675	22,063,416	0	0	0	0	0	0	14,292,241	46,505,471	11,558,806	126,602,358	10	126,602,368
11. Underwriting Gain/(Loss) (Lines 1.12 - 5.7 - 6.6 - 8.3 - 10.5)	(139,095)	26,142,312	37,498,458	0	0	0	0	0	0	(17,771,074)	6,990,768	10,609,838	63,331,207	XXX	63,331,199
12. Income from fees of uninsured plans	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0
13. Net investment and other gain/(loss)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	28,209,183	XXX	28,209,183
14. Federal income taxes (excluding taxes on Line 1.5 above)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1,587,703	XXX	1,587,703
15. Net gain or (loss) (Lines 11 + 12 + 13 - 14)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	89,952,687	XXX	89,952,679
16. ICD-10 Implementation Expenses (informational only; already included in general expenses and line 10.4)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
16. 16a ICD-10 Implementation Expenses (informational only; already included in line 10.4)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
OTHER INDICATORS:															
1. Number of certificates/policies	291	39,805	64,097	0	0	0	0	0	0	24,505	300,687	113,721	543,106	0	543,106
2. Number of Covered Lives	593	75,638	121,341	0	0	0	0	0	0	24,505	450,258	113,721	786,056	0	786,056
3. Number of Groups	XXX	6,631	907	XXX	0	0	0	0	0	1	6,149	13	13,701	0	13,701
4. Member Months	6,491	844,224	1,472,070	0	0	0	0	0	0	285,556	5,480,546	1,379,871	9,468,758	0	9,468,758

Is run off business reported in Columns 1 through 9 or 12? Yes [ ] No [ ] If yes, show the amount of premiums and claims included. Premiums $ 0 Claims $ 0

AFFORDABLE CARE ACT (ACA) RECEIPTS, PAYMENTS, RECEIVABLES and PAYABLES

	Current Year Comprehensive Health Coverage		Prior Year Comprehensive Health Coverage	
	1 Individual Plans	2 Small Group Employer Plans	3 Individual Plans	4 Small Group Employer Plans
ACA Receivables and Payables				
1. Permanent ACA Risk Adjustment Program				
1.0 Premium adjustments receivable/(payable)	(537,084)	(19,149,785)	(271,473)	(19,182,719)
2. Transitional ACA Reinsurance Program				
2.0 Total amounts recoverable for claims (paid & unpaid)	0	XXX	0	XXX
3. Temporary ACA Risk Corridors Program				
3.1 Accrued retrospective premium	0	0	0	0
3.2 Reserve for rate credits or policy experience refunds	0	0	0	0
ACA Receipts and Payments				
4. Permanent ACA Risk Adjustment Program				
4.0 Premium adjustments receipts/(payments)	(284,332)	(14,745,690)	9,473	(11,836,143)
5. Transitional ACA Reinsurance Program				
5.0 Amounts received for claims	0	XXX	0	XXX
6. Temporary ACA Risk Corridors Program				
6.1 Retrospective premium received	0	0	0	0
6.2 Rate credits or policy experience refunds paid	0	0	0	0

SUPPLEMENT FOR THE YEAR 2018 OF THE UnitedHealthcare Insurance Company

SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 2

(To Be Filed by April 1 - Not for Rebate Purposes)

REPORT FOR: 1. CORPORATION UnitedHealthcare Insurance Company 2. 185 Asylum Street Hartford, CT 061033408 (LOCATION)

NAIC Group Code 0707 BUSINESS IN THE STATE OF Virginia DURING THE YEAR 2018 NAIC Company Code 79413

	Business Subject to MLR									10	11	12	13
	Comprehensive Health Coverage			Mini-Med Plans			Expatriate Plans:		9				
	1	2	3	4	5	6	7	8					
	Individual	Small Group Employer	Large Group Employer	Individual	Small Group Employer	Large Group Employer	Small Group	Large Group	Student Health Plans	Government Business (excluded by statute)	Other Health Business	Medicare Advantage Part C and Medicare Part D Stand-Alone Subject to ACA	Total (a)
1. Health Premiums Earned:													
1.1 Direct premiums written	2,362,267	352,141,068	650,091,131	0	0	0	0	0	0	445,171,066	343,705,289	167,119,327	1,960,590,147
1.2 Unearned premium prior year	0	40,320	(4,203)	0	0	0	0	0	0	0	51,814	0	87,930
1.3 Unearned premium current year	0	31,626	(8,852)	0	0	0	0	0	0	0	311,423	0	334,198
1.4 Change in unearned premium (Lines 1.2 - 1.3)	0	8,694	4,649	0	0	0	0	0	0	0	(259,609)	0	(246,267)
1.5 Paid rate credits	145,104	246,219	(989,098)	0	0	0	0	0	0	0	252,868	6,887,530	6,542,623
1.6 Reserve for rate credits current year	0	(1)	(958,163)	0	0	0	0	0	0	0	939,954	2,365,699	2,347,489
1.7 Reserve for rate credits prior year	0	(1)	(1,170,939)	0	0	0	0	0	0	0	1,777,551	7,240,034	7,846,645
1.8 Change in reserve for rate credits (Lines 1.6 - 1.7)	0	0	212,776	0	0	0	0	0	0	0	(837,597)	(4,874,335)	(5,499,156)
1.9 Premium balances written off	0	48,761	2,342	0	0	0	0	0	0	0	1,176	1,092,604	1,144,883
1.10 Group conversion charge	0	0	0	0	0	0	0	0	0	0	0	0	0
1.11 Total direct premiums earned (Lines 1.1 + 1.4 - 1.9 + 1.10)	2,362,267	352,101,001	650,093,437	0	0	0	0	0	0	445,171,066	343,444,504	166,026,723	1,959,198,997
1.12 Assumed premiums earned from non-affiliates	0	0	1,588,575	0	0	0	0	0	0	0	0	0	1,588,575
1.13 Net Assumed less Ceded premiums earned from affiliates	299	68,720	97,450	0	0	0	0	0	0	164,410	0	460,663	791,541
1.14 Ceded premiums earned to non-affiliates	0	0	56,288,756	0	0	0	0	0	0	0	1,154,582	0	57,443,338
1.15 Other Adjustments due to MLR calculation - Premiums	0	48,761	2,342	0	0	0	0	0	0	0	1,176	1,092,604	1,144,883
1.16 Net premiums earned (Lines 1.11 - 1.5 - 1.8 + 1.12 + 1.13 - 1.14 + 1.15)	2,217,462	351,972,262	596,269,371	0	0	0	0	0	0	445,335,475	342,875,827	165,566,794	1,904,237,191
2. Direct Claims Incurred:													
2.1 Paid claims during the year	2,095,433	256,665,485	527,006,030	0	0	0	0	0	0	390,556,670	259,317,357	130,714,677	1,566,355,651
2.2 Direct claim liability current year	18,242	28,105,132	54,361,196	0	0	0	0	0	0	44,363,840	23,224,741	8,186,432	158,259,583
2.3 Direct claim liability prior year	32,051	19,913,756	48,615,862	0	0	0	0	0	0	17,314,813	22,222,489	14,167,100	122,266,072
2.4 Direct claim reserves current year	922	0	573,276	0	0	0	0	0	0	81,585	17,692,490	8,528	18,356,802
2.5 Direct claim reserves prior year	5,200	0	339,239	0	0	0	0	0	0	289,940	17,027,687	9,972	17,672,037
2.6 Direct contract reserves current year	159,318	0	0	0	0	0	0	0	0	0	114,691	0	274,009
2.7 Direct contract reserves prior year	226,440	0	0	0	0	0	0	0	0	0	26,501	0	252,941
2.8 Paid rate credits	145,104	246,219	(989,098)	0	0	0	0	0	0	0	252,868	6,887,530	6,542,623
2.9 Reserve for rate credits current year	0	(1)	(958,163)	0	0	0	0	0	0	0	939,954	2,365,699	2,347,489
2.10 Reserve for rate credits prior year	0	(1)	(1,170,939)	0	0	0	0	0	0	0	1,777,551	7,240,034	7,846,645
2.11 Incurred medical incentive pools and bonuses (Lines 2.11a + 2.11b - 2.11c)	0	220,365	936,067	0	0	0	0	0	0	20,040	0	76,989	1,253,462
2.11a Paid medical incentive pools and bonuses current year	0	69,895	352,673	0	0	0	0	0	0	0	0	76,946	499,514
2.11b Accrued medical incentive pools and bonuses current year	0	511,802	1,634,222	0	0	0	0	0	0	20,040	0	1,011	2,167,075
2.11c Accrued medical incentive pools and bonuses prior year	0	361,331	1,050,828	0	0	0	0	0	0	0	0	968	1,413,128
2.12 Net healthcare receivables (Lines 2.12a - 2.12b)	866	2,098,471	719,543	0	0	0	0	0	0	784,579	45,731	249,690	3,898,879
2.12a Healthcare receivables current year	866	7,338,671	13,224,374	0	0	0	0	0	0	806,719	45,754	35,134,887	56,551,272
2.12b Healthcare receivables prior year	0	5,240,200	12,504,831	0	0	0	0	0	0	22,140	23	34,885,198	52,652,392
2.13 Group conversion charge	0	0	0	0	0	0	0	0	0	0	0	0	0
2.14 Multi-option coverage blended rate adjustment	0	0	0	0	0	0	0	0	0	0	0	0	0
2.15 Total incurred claims (Lines 2.1 + 2.2 - 2.3 + 2.4 - 2.5 + 2.6 - 2.7 + 2.8 + 2.9 - 2.10 + 2.11 - 2.12 + 2.13 + 2.14)	2,154,462	263,224,974	532,425,604	0	0	0	0	0	0	416,632,804	260,442,141	126,573,060	1,601,453,045
2.16 Assumed incurred claims from non-affiliates	0	0	1,149,813	0	0	0	0	0	0	0	0	0	1,149,813
2.17 Net assumed less ceded incurred claims from affiliates	0	0	0	0	0	0	0	0	0	0	0	0	0
2.18 Ceded incurred claims to non-affiliates	0	0	44,534,655	0	0	0	0	0	0	0	1,160,405	0	45,695,060
2.19 Other adjustments due to MLR calculation - Claims	0	0	0	0	0	0	0	0	0	0	0	0	0
2.20 Net Incurred Claims (Lines 2.15 - 2.8 - 2.9 + 2.10 + 2.16 + 2.17 - 2.18 + 2.19)	2,009,358	262,978,755	489,817,084	0	0	0	0	0	0	416,632,804	259,866,466	124,559,864	1,555,864,330
3. Fraud and Abuse Recoveries that Reduced PAID Claims in Line 2.1 above (informational only)	0	4,885	39,405	0	0	0	0	0	0	6,993	0	436	51,719

(a) Column 13, Line 1.1 includes direct written premium of $ 28,289,549 for stand-alone dental and $ 11,467,034 for stand-alone vision policies.

SUPPLEMENT FOR THE YEAR 2018 OF THE UnitedHealthcare Insurance Company

SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 3

(To Be Filed by April 1 - Not for Rebate Purposes)

REPORT FOR: 1. CORPORATION UnitedHealthcare Insurance Company 2. 185 Asylum Street Hartford, CT 061033408 (LOCATION)

NAIC Group Code 0707 BUSINESS IN THE STATE OF Virginia DURING THE YEAR 2018 NAIC Company Code 79413

	All Expenses	Improving Health Care Quality Expenses						Claims Adjustment Expenses		9	10
		1 Improve Health Outcomes	2 Activities to Prevent Hospital Readmissions	3 Improve Patient Safety and Reduce Medical Errors	4 Wellness & Health Promotion Activities	5 HIT Expenses	6 Total (1 to 5)	7 Cost Containment Expenses	8 Other Claims Adjustment Expenses	General Administrative Expenses	Total Expenses (6 to 9)
1.	Individual Comprehensive Coverage Expenses:										
	1.1 Salaries (including $ 73,495 for affiliated services)	0	0	0	0	0	0	8,928	16,871	47,696	73,495
	1.2 Outsourced Services	0	0	0	0	0	0	1,022	1,679	3,754	6,455
	1.3 EDP Equipment and Software (incl $ 4,710 for affiliated services)	0	0	0	0	0	0	746	1,218	2,746	4,710
	1.4 Other Equipment (excl. EDP) (incl $ 452 for affiliated services)	0	0	0	0	0	0	72	117	253	442
	1.5 Accreditation and Certification (incl $ 49 for affiliated services)	0	XXX	XXX	XXX	XXX	0	8	13	29	49
	1.6 Other Expenses (incl $ 151,088 for affiliated services)	18,898	0	0	0	0	18,898	19,967	33,427	176,454	248,746
	1.7 Subtotal before Reimbursements and Taxes (Lines 1.1 to 1.6)	18,898	0	0	0	0	18,898	30,742	53,325	230,932	333,896
	1.8 Reimbursements by uninsured plans and fiscal intermediaries	0	0	0	0	0	0	0	0	0	0
	1.9 Taxes, Licenses and Fees (in total, for tying purposes)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	17,363	17,363
	1.10 Total (1.7 to 1.9)	18,898	0	0	0	0	18,898	30,742	53,325	248,295	351,259
	1.11 Total Fraud and Abuse Detection/Recovery Expenses included in Column 7 (informational only)	0	0	0	0	0	0	8,786	0	0	8,786
2.	Small Group Comprehensive Coverage Expenses:										
	2.1 Salaries (including $ 9,122,981 for affiliated services)	0	0	0	0	0	0	1,154,071	1,797,000	6,171,910	9,122,981
	2.2 Outsourced Services	0	0	0	0	0	0	301,249	205,940	624,547	1,131,736
	2.3 EDP Equipment and Software (incl $ 644,055 for affiliated services)	0	0	0	0	0	0	96,370	150,058	397,627	644,055
	2.4 Other Equipment (excl. EDP) (incl $ 61,822 for affiliated services)	0	0	0	0	0	0	9,250	14,404	38,168	61,822
	2.5 Accreditation and Certification (incl $ 6,713 for affiliated services)	0	XXX	XXX	XXX	XXX	0	1,004	1,564	4,144	6,713
	2.6 Other Expenses (incl $ 20,931,986 for affiliated services)	2,816,808	0	0	0	0	2,816,808	2,658,014	4,019,109	24,151,590	33,645,521
	2.7 Subtotal before Reimbursements and Taxes (Lines 2.1 to 2.6)	2,816,808	0	0	0	0	2,816,808	4,219,959	6,188,075	31,387,986	44,612,827
	2.8 Reimbursements by uninsured plans and fiscal intermediaries	0	0	0	0	0	0	0	0	0	0
	2.9 Taxes, Licenses and Fees (in total, for tying purposes)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	5,922,765	5,922,765
	2.10 Total (2.7 to 2.9)	2,816,808	0	0	0	0	2,816,808	4,219,959	6,188,075	37,310,752	50,535,593
	2.11 Total Fraud and Abuse Detection/Recovery Expenses included in Column 7 (informational only)	0	0	0	0	0	0	1,178,289	0	0	1,178,289
3.	Large Group Comprehensive Coverage Expenses:										
	3.1 Salaries (including $ 11,098,288 for affiliated services)	0	0	0	0	0	0	1,800,514	2,477,050	6,820,723	11,098,288
	3.2 Outsourced Services	0	0	0	0	0	0	962,846	283,875	754,974	2,001,695
	3.3 EDP Equipment and Software (incl $ 763,334 for affiliated services)	0	0	0	0	0	0	150,351	206,845	406,137	763,334
	3.4 Other Equipment (excl. EDP) (incl $ 73,271 for affiliated services)	0	0	0	0	0	0	14,432	19,855	38,984	73,271
	3.5 Accreditation and Certification (incl $ 7,956 for affiliated services)	0	XXX	XXX	XXX	XXX	0	1,567	2,156	4,233	7,956
	3.6 Other Expenses (incl $ 26,320,225 for affiliated services)	5,200,747	0	0	0	0	5,200,747	4,140,070	5,540,087	13,287,805	28,168,709
	3.7 Subtotal before Reimbursements and Taxes (Lines 3.1 to 3.6)	5,200,747	0	0	0	0	5,200,747	7,069,780	8,529,868	21,312,857	42,113,253
	3.8 Reimbursements by uninsured plans and fiscal intermediaries	0	0	0	0	0	0	0	0	0	0
	3.9 Taxes, Licenses and Fees (in total, for tying purposes)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	3,265,273	3,265,273
	3.10 Total (3.7 to 3.9)	5,200,747	0	0	0	0	5,200,747	7,069,780	8,529,868	24,578,130	45,378,526
	3.11 Total Fraud and Abuse Detection/Recovery Expenses included in Column 7 (informational only)	0	0	0	0	0	0	2,004,533	0	0	2,004,533

SUPPLEMENT FOR THE YEAR 2018 OF THE UnitedHealthcare Insurance Company

SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 3 (Continued)

	All Expenses	Improving Health Care Quality Expenses						Claims Adjustment Expenses		9	10
		1 Improve Health Outcomes	2 Activities to Prevent Hospital Readmissions	3 Improve Patient Safety and Reduce Medical Errors	4 Wellness & Health Promotion Activities	5 HIT Expenses	6 Total (1 to 5)	7 Cost Containment Expenses	8 Other Claims Adjustment Expenses	General Administrative Expenses	Total Expenses (6 to 9)
4.	Individual Mini-Med Plans Expenses:										
	4.1 Salaries (including $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	4.2 Outsourced Services	0	0	0	0	0	0	0	0	0	0
	4.3 EDP Equipment and Software (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	4.4 Other Equipment (excl. EDP) (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	4.5 Accreditation and Certification (incl $ 0 for affiliated services)	0	XXX	XXX	XXX	XXX	0	0	0	0	0
	4.6 Other Expenses (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	4.7 Subtotal before Reimbursements and Taxes (Lines 4.1 to 4.6)	0	0	0	0	0	0	0	0	0	0
	4.8 Reimbursements by uninsured plans and fiscal intermediaries	0	0	0	0	0	0	0	0	0	0
	4.9 Taxes, Licenses and Fees (in total, for tying purposes)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0
	4.10 Total (4.7 to 4.9)	0	0	0	0	0	0	0	0	0	0
	4.11 Total Fraud and Abuse Detection/Recovery Expenses included in Column 7 (informational only)	0	0	0	0	0	0	0	0	0	0
5.	Small Group Mini-Med Plans Expenses:										
	5.1 Salaries (including $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	5.2 Outsourced Services	0	0	0	0	0	0	0	0	0	0
	5.3 EDP Equipment and Software (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	5.4 Other Equipment (excl. EDP) (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	5.5 Accreditation and Certification (incl $ 0 for affiliated services)	0	XXX	XXX	XXX	XXX	0	0	0	0	0
	5.6 Other Expenses (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	5.7 Subtotal before Reimbursements and Taxes (Lines 5.1 to 5.6)	0	0	0	0	0	0	0	0	0	0
	5.8 Reimbursements by uninsured plans and fiscal intermediaries	0	0	0	0	0	0	0	0	0	0
	5.9 Taxes, Licenses and Fees (in total, for tying purposes)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0
	5.10 Total (5.7 to 5.9)	0	0	0	0	0	0	0	0	0	0
	5.11 Total Fraud and Abuse Detection/Recovery Expenses included in Column 7 (informational only)	0	0	0	0	0	0	0	0	0	0
6.	Large Group Mini-Med Plans Expenses:										
	6.1 Salaries (including $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	6.2 Outsourced Services	0	0	0	0	0	0	0	0	0	0
	6.3 EDP Equipment and Software (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	6.4 Other Equipment (excl. EDP) (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	6.5 Accreditation and Certification (incl $ 0 for affiliated services)	0	XXX	XXX	XXX	XXX	0	0	0	0	0
	6.6 Other Expenses (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	6.7 Subtotal before Reimbursements and Taxes (Lines 6.1 to 6.6)	0	0	0	0	0	0	0	0	0	0
	6.8 Reimbursements by uninsured plans and fiscal intermediaries	0	0	0	0	0	0	0	0	0	0
	6.9 Taxes, Licenses and Fees (in total, for tying purposes)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0
	6.10 Total (6.7 to 6.9)	0	0	0	0	0	0	0	0	0	0
	6.11 Total Fraud and Abuse Detection/Recovery Expenses included in Column 7 (informational only)	0	0	0	0	0	0	0	0	0	0

SUPPLEMENT FOR THE YEAR 2018 OF THE UnitedHealthcare Insurance Company

SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 3 (Continued)

	All Expenses	Improving Health Care Quality Expenses						Claims Adjustment Expenses		9	10
		1 Improve Health Outcomes	2 Activities to Prevent Hospital Readmissions	3 Improve Patient Safety and Reduce Medical Errors	4 Wellness & Health Promotion Activities	5 HIT Expenses	6 Total (1 to 5)	7 Cost Containment Expenses	8 Other Claims Adjustment Expenses	General Administrative Expenses	Total Expenses (6 to 9)
7.	Small Group Expatriate Plans Expenses:										
	7.1 Salaries (including $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	7.2 Outsourced Services	0	0	0	0	0	0	0	0	0	0
	7.3 EDP Equipment and Software (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	7.4 Other Equipment (excl. EDP) (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	7.5 Accreditation and Certification (incl $ 0 for affiliated services)	0	XXX	XXX	XXX	XXX	0	0	0	0	0
	7.6 Other Expenses (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	7.7 Subtotal before Reimbursements and Taxes (Lines 7.1 to 7.6)	0	0	0	0	0	0	0	0	0	0
	7.8 Reimbursements by uninsured plans and fiscal intermediaries	0	0	0	0	0	0	0	0	0	0
	7.9 Taxes, Licenses and Fees (in total, for tying purposes)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0
	7.10 Total (7.7 to 7.9)	0	0	0	0	0	0	0	0	0	0
	7.11 Total Fraud and Abuse Detection/Recovery Expenses included in Column 7 (informational only)	0	0	0	0	0	0	0	0	0	0
8.	Large Group Expatriate Plans Expenses:										
	8.1 Salaries (including $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	8.2 Outsourced Services	0	0	0	0	0	0	0	0	0	0
	8.3 EDP Equipment and Software (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	8.4 Other Equipment (excl. EDP) (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	8.5 Accreditation and Certification (incl $ 0 for affiliated services)	0	XXX	XXX	XXX	XXX	0	0	0	0	0
	8.6 Other Expenses (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	8.7 Subtotal before Reimbursements and Taxes (Lines 8.1 to 8.6)	0	0	0	0	0	0	0	0	0	0
	8.8 Reimbursements by uninsured plans and fiscal intermediaries	0	0	0	0	0	0	0	0	0	0
	8.9 Taxes, Licenses and Fees (in total, for tying purposes)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0
	8.10 Total (8.7 to 8.9)	0	0	0	0	0	0	0	0	0	0
	8.11 Total Fraud and Abuse Detection/Recovery Expenses included in Column 7 (informational only)	0	0	0	0	0	0	0	0	0	0
9.	Student Health Plans Expenses:										
	9.1 Salaries (including $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	9.2 Outsourced Services	0	0	0	0	0	0	0	0	0	0
	9.3 EDP Equipment and Software (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	9.4 Other Equipment (excl. EDP) (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	9.5 Accreditation and Certification (incl $ 0 for affiliated services)	0	XXX	XXX	XXX	XXX	0	0	0	0	0
	9.6 Other Expenses (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	9.7 Subtotal before Reimbursements and Taxes (Lines 9.1 to 9.6)	0	0	0	0	0	0	0	0	0	0
	9.8 Reimbursements by uninsured plans and fiscal intermediaries	0	0	0	0	0	0	0	0	0	0
	9.9 Taxes, Licenses and Fees (in total, for tying purposes)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0
	9.10 Total (9.7 to 9.9)	0	0	0	0	0	0	0	0	0	0
	9.11 Total Fraud and Abuse Detection/Recovery Expenses included in Column 7 (informational only)	0	0	0	0	0	0	0	0	0	0

SUPPLEMENT FOR THE YEAR 2018 OF THE UnitedHealthcare Insurance Company

SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 1

(To Be Filed by April 1 - Not for Rebate Purposes - See Cautionary Statement at http://www.naic.org/documents/committees_e_app_blanks_related_shce_cautionary_statement.pdf)

REPORT FOR: 1. CORPORATION UnitedHealthcare Insurance Company 2. 185 Asylum Street Hartford, CT 061033408 (LOCATION)

NAIC Group Code 0707 BUSINESS IN THE STATE OF Washington DURING THE YEAR 2018 NAIC Company Code 79413

	Business Subject to MLR									10	11	12	13	14	15
	Comprehensive Health Coverage			Mini-Med Plans			Expatriate Plans		9						
	1 Individual	2 Small Group Employer	3 Large Group Employer	4 Individual	5 Small Group Employer	6 Large Group Employer	7 Small Group	8 Large Group	Student Health Plans	Government Business (excluded by statute)	Other Health Business	Medicare Advantage Part C and Medicare Part D Stand-Alone Subject to ACA	Subtotal (Cols. 1 through 12)	Uninsured Plans	Total 13 + 14
1. Premium:															
1.1 Health premiums earned (From Part 2, Line 1.11)	888,562	92,742,937	124,065,165	0	0	0	0	0	0	0	343,448,521	748,344,420	1,309,489,606	XXX	1,309,489,606
1.2 Federal high risk pools	0	0	0	0	0	0	0	0	0	0	0	0	0	XXX	0
1.3 State high risk pools	404	50,506	206,451	0	0	0	0	0	0	0	196,109	0	453,471	XXX	453,471
1.4 Premiums earned including state and federal high risk programs (Lines 1.1 + 1.2 + 1.3)	888,966	92,793,443	124,271,617	0	0	0	0	0	0	0	343,644,630	748,344,420	1,309,943,077	XXX	1,309,943,077
1.5 Federal taxes and federal assessments	34,015	3,075,206	1,610,442	0	0	0	0	0	0	(123)	4,101,033	31,010,812	39,831,385	15,125	39,846,510
1.6 State insurance, premium and other taxes (Similar local taxes of $ 124,196)	79,219	5,104,323	3,195,113	0	0	0	0	0	0	0	(2,865,585)	87,804	5,600,873	61	5,600,934
1.6a Community Benefit Expenditures (informational only)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
1.7 Regulatory authority licenses and fees	14	1,819	26,643	0	0	0	0	0	0	0	(77,528)	0	(49,052)	0	(49,052)
1.8 Adjusted Premiums Earned (Lines 1.4 - 1.5 - 1.6 - 1.7)	775,718	84,612,095	119,439,418	0	0	0	0	0	0	123	342,486,711	717,245,805	1,264,559,871	XXX	1,264,544,685
1.9 Net Assumed less Ceded reinsurance premiums earned	0	0	(8,471,780)	0	0	0	0	0	0	0	(155,833)	0	(8,627,613)	XXX	(8,627,613)
1.10 Other Adjustments due to MLR calculations - Premiums	0	23,655	0	0	0	0	0	0	0	0	1,340	789,754	814,749	XXX	814,749
1.11 Risk Revenue	0	0	0	0	0	0	0	0	0	0	0	0	0	XXX	0
1.12 Net adjusted premiums earned after reinsurance (Lines 1.8 + 1.9 + 1.10 + 1.11)	775,718	84,635,750	110,967,639	0	0	0	0	0	0	123	342,332,218	718,035,559	1,256,747,007	XXX	1,256,731,820
2. Claims:															
2.1 Incurred claims excluding prescription drugs	548,470	58,127,434	96,430,288	0	0	0	0	0	0	0	271,044,755	490,821,397	916,972,344	XXX	916,972,344
2.2 Prescription drugs	106,641	15,064,577	22,435,646	0	0	0	0	0	0	46	1,005,841	204,194,039	242,806,790	XXX	242,806,790
2.3 Pharmaceutical rebates	33,838	4,777,343	6,103,676	0	0	0	0	0	0	0	70,672	115,935,337	126,920,865	XXX	126,920,865
2.4 State stop loss, market stabilization and claim/census based assessments (informational only)	1	46,652	62,458	0	0	0	0	0	0	0	37	0	109,148	XXX	109,148
3. Incurred medical incentive pools and bonuses	0	137,241	334,329	0	0	0	0	0	0	0	0	4,140,666	4,612,236	XXX	4,612,236
4. Deductible Fraud and Abuse Detection/Recovery Expenses (for MLR use only)	0	1,713	13,932	0	0	0	0	0	0	0	0	34,468	50,113	0	50,113
5. 5.0 Total Incurred Claims (Lines 2.1 + 2.2 - 2.3 + 3) (From Part 2, Line 2.15)	621,274	68,551,909	113,096,587	0	0	0	0	0	0	46	271,979,924	583,220,765	1,037,470,505	XXX	1,037,470,505
5.1 Net Assumed less Ceded reinsurance claims incurred	0	0	(8,047,730)	0	0	0	0	0	0	0	(110,829)	0	(8,158,559)	XXX	(8,158,559)
5.2 Other Adjustments due to MLR calculations - Claims	0	0	0	0	0	0	0	0	0	0	0	(11,032,581)	(11,032,581)	XXX	(11,032,581)
5.3 Rebates paid	0	0	0	0	0	0	0	0	0	XXX	XXX	0	0	XXX	0
5.4 Estimated rebates unpaid prior year	0	0	0	0	0	0	0	0	0	XXX	XXX	0	0	XXX	0
5.5 Estimated rebates unpaid current year	0	0	0	0	0	0	0	0	0	XXX	XXX	11,032,581	11,032,581	XXX	11,032,581
5.6 Fee for service and co-pay revenue	0	0	0	0	0	0	0	0	0	0	0	0	0	XXX	0
5.7 Net incurred claims after reinsurance (Lines 5.0 + 5.1 + 5.2 + 5.3 - 5.4 + 5.5 - 5.6)	621,274	68,551,909	105,048,857	0	0	0	0	0	0	46	271,869,095	583,220,765	1,029,311,946	XXX	1,029,311,946
6. Improving Health Care Quality Expenses Incurred:															
6.1 Improve health outcomes	7,108	741,943	992,521	0	0	0	0	0	0	0	858,841	3,114,609	5,715,023	3,207	5,718,230
6.2 Activities to prevent hospital readmissions	0	0	0	0	0	0	0	0	0	0	393,665	1,153,269	1,546,933	(21)	1,546,912
6.3 Improve patient safety and reduce medical errors	0	0	0	0	0	0	0	0	0	1	298,523	1,489,641	1,788,165	10,083	1,798,249
6.4 Wellness and health promotion activities	0	0	0	0	0	0	0	0	0	0	2,536,140	1,714,503	4,250,643	(2,539)	4,248,104
6.5 Health Information Technology expenses related to health improvement	0	0	0	0	0	0	0	0	0	2	183,854	2,172,623	2,356,479	6,213	2,362,692
6.6 Total of Defined Expenses Incurred for Improving Health Care Quality (Lines 6.1+6.2+6.3+6.4+6.5)	7,108	741,943	992,521	0	0	0	0	0	0	3	4,271,023	9,644,644	15,657,243	16,943	15,674,187
7. Preliminary Medical Loss Ratio: MLR ((Lines 4 + 5.0 + 6.6 - Footnote 2.0)/Line 1.8	0.810	0.819	0.955	0.000	0.000	0.000	0.000	0.000	0.000	XXX	XXX	0.827	XXX	XXX	XXX
8. Claims Adjustment Expenses:															
8.1 Cost containment expenses not included in quality of care expenses in Line 6.6	7,543	1,017,321	1,490,167	0	0	0	0	0	0	3	210,260	8,536,397	11,261,691	15,894	11,277,585
8.2 All other claims adjustment expenses	12,190	1,514,839	1,795,193	0	0	0	0	0	0	47	4,828,821	17,425,748	25,576,837	206,530	25,783,367
8.3 Total claims adjustment expenses (Lines 8.1 + 8.2)	19,733	2,532,160	3,285,360	0	0	0	0	0	0	49	5,039,081	25,962,145	36,838,528	222,424	37,060,952
9. Claims Adjustment Expense Ratio (Line 8.3/Line 1.8)	0.025	0.030	0.028	0.000	0.000	0.000	0.000	0.000	0.000	0.400	0.015	0.036	XXX	XXX	XXX

SUPPLEMENT FOR THE YEAR 2018 OF THE UnitedHealthcare Insurance Company

SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 1 (Continued)

	Business Subject to MLR									10	11	12	13	14	15
	Comprehensive Health Coverage			Mini-Med Plans			Expatriate Plans		9						
	1 Individual	2 Small Group Employer	3 Large Group Employer	4 Individual	5 Small Group Employer	6 Large Group Employer	7 Small Group	8 Large Group	Student Health Plans	Government Business (excluded by statute)	Other Health Business	Medicare Advantage Part C and Medicare Part D Stand-Alone Subject to ACA	Subtotal (Cols. 1 through 12)	Uninsured Plans	Total 13 + 14
10. General and Administrative (G&A) Expenses:															
10.1 Direct sales salaries and benefits	2,696	350,803	258,748	0	0	0	0	0	0	0	485,139	2,131,631	3,229,017	6,507	3,235,524
10.2 Agents and brokers fees and commissions	29,770	3,777,551	1,820,181	0	0	0	0	0	0	0	12,171,409	14,966,562	32,765,473	0	32,765,473
10.3 Other taxes (excluding taxes on Lines 1.5 through 1.7 and Line 14 below)	(842)	82,840	40,813	0	0	0	0	0	0	0	601,753	957,995	1,682,559	1,384	1,683,943
10.4 Other general and administrative expenses	32,864	4,300,053	1,137,698	0	0	0	0	0	0	521	32,392,263	29,880,016	67,743,413	37,713	67,781,127
10.4a Community Benefit Expenditures (informational only)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
10.5 Total general and administrative (Lines 10.1 +10.2 + 10.3 + 10.4)	64,488	8,511,247	3,257,439	0	0	0	0	0	0	521	45,650,564	47,936,204	105,420,462	45,605	105,466,067
11. Underwriting Gain/(Loss) (Lines 1.12 - 5.7 - 6.6 - 8.3 - 10.5)	63,116	4,298,492	(1,616,539)	0	0	0	0	0	0	(496)	15,502,455	51,271,801	69,518,827	XXX	69,218,668
12. Income from fees of uninsured plans	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	360,947	360,947
13. Net investment and other gain/(loss)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	18,011,439	XXX	18,011,439
14. Federal income taxes (excluding taxes on Line 1.5 above)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	(1,242,698)	XXX	(1,242,698)
15. Net gain or (loss) (Lines 11 + 12 + 13 - 14)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	88,772,964	XXX	88,833,752
16. ICD-10 Implementation Expenses (informational only; already included in general expenses and line 10.4)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
16. 16a ICD-10 Implementation Expenses (informational only; already included in line 10.4)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
OTHER INDICATORS:															
1. Number of certificates/policies	83	11,266	17,322	0	0	0	0	0	0	0	227,405	138,955	395,031	2,882	397,913
2. Number of Covered Lives	125	17,671	28,686	0	0	0	0	0	0	0	298,454	138,955	483,891	2,882	486,773
3. Number of Groups	XXX	2,332	9	XXX	0	0	0	0	0	0	1,374	2	3,717	1	3,718
4. Member Months	1,509	196,313	328,452	0	0	0	0	0	0	0	3,571,447	1,638,199	5,735,920	34,572	5,770,492

Is run off business reported in Columns 1 through 9 or 12? Yes [ ] No [ ] If yes, show the amount of premiums and claims included. Premiums $ 0 Claims $ 0

216-2.WA

AFFORDABLE CARE ACT (ACA) RECEIPTS, PAYMENTS, RECEIVABLES and PAYABLES

	Current Year Comprehensive Health Coverage		Prior Year Comprehensive Health Coverage	
	1 Individual Plans	2 Small Group Employer Plans	3 Individual Plans	4 Small Group Employer Plans
ACA Receivables and Payables				
1. Permanent ACA Risk Adjustment Program 1.0 Premium adjustments receivable/(payable)	(95,722)	544,589	168,623	(2,515,233)
2. Transitional ACA Reinsurance Program 2.0 Total amounts recoverable for claims (paid & unpaid)	0	XXX	0	XXX
3. Temporary ACA Risk Corridors Program 3.1 Accrued retrospective premium	0	0	0	0
3.2 Reserve for rate credits or policy experience refunds	0	0	0	0
ACA Receipts and Payments				
4. Permanent ACA Risk Adjustment Program 4.0 Premium adjustments receipts/(payments)	414,232	(1,853,130)	(63,835)	(547,781)
5. Transitional ACA Reinsurance Program 5.0 Amounts received for claims	0	XXX	0	XXX
6. Temporary ACA Risk Corridors Program 6.1 Retrospective premium received	0	0	0	0
6.2 Rate credits or policy experience refunds paid	0	0	0	0

SUPPLEMENT FOR THE YEAR 2018 OF THE UnitedHealthcare Insurance Company

SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 2

(To Be Filed by April 1 - Not for Rebate Purposes)

REPORT FOR: 1. CORPORATION UnitedHealthcare Insurance Company 2. 185 Asylum Street Hartford, CT 061033408 (LOCATION)

NAIC Group Code 0707 BUSINESS IN THE STATE OF Washington DURING THE YEAR 2018 NAIC Company Code 79413

	Business Subject to MLR												
	Comprehensive Health Coverage			Mini-Med Plans			Expatriate Plans:		9	10	11	12	13
	1	2	3	4	5	6	7	8					
	Individual	Small Group Employer	Large Group Employer	Individual	Small Group Employer	Large Group Employer	Small Group	Large Group	Student Health Plans	Government Business (excluded by statute)	Other Health Business	Medicare Advantage Part C and Medicare Part D Stand-Alone Subject to ACA	Total (a)
1. Health Premiums Earned:													
1.1 Direct premiums written	888,562	92,766,592	124,028,054	0	0	0	0	0	0	0	343,449,861	749,134,174	1,310,267,244
1.2 Unearned premium prior year	0	0	0	0	0	0	0	0	0	0	0	0	0
1.3 Unearned premium current year	0	0	(37,111)	0	0	0	0	0	0	0	0	0	(37,111)
1.4 Change in unearned premium (Lines 1.2 - 1.3)	0	0	37,111	0	0	0	0	0	0	0	0	0	37,111
1.5 Paid rate credits	76	0	(76)	0	0	0	0	0	0	0	6,362,486	8,860,476	15,222,962
1.6 Reserve for rate credits current year	0	0	0	0	0	0	0	0	0	0	414,450	13,596,258	14,010,708
1.7 Reserve for rate credits prior year	0	0	0	0	0	0	0	0	0	0	427,994	7,050,961	7,478,954
1.8 Change in reserve for rate credits (Lines 1.6 - 1.7)	0	0	0	0	0	0	0	0	0	0	(13,544)	6,545,297	6,531,753
1.9 Premium balances written off	0	23,655	0	0	0	0	0	0	0	0	1,340	789,754	814,749
1.10 Group conversion charge	0	0	0	0	0	0	0	0	0	0	0	0	0
1.11 Total direct premiums earned (Lines 1.1 + 1.4 - 1.9 + 1.10)	888,562	92,742,937	124,065,165	0	0	0	0	0	0	0	343,448,521	748,344,420	1,309,489,606
1.12 Assumed premiums earned from non-affiliates	0	0	2,016	0	0	0	0	0	0	0	0	0	2,016
1.13 Net Assumed less Ceded premiums earned from affiliates	0	0	0	0	0	0	0	0	0	0	0	0	0
1.14 Ceded premiums earned to non-affiliates	0	0	8,473,796	0	0	0	0	0	0	0	155,833	0	8,629,629
1.15 Other Adjustments due to MLR calculation - Premiums	0	23,655	0	0	0	0	0	0	0	0	1,340	789,754	814,749
1.16 Net premiums earned (Lines 1.11 - 1.5 - 1.8 + 1.12 + 1.13 - 1.14 + 1.15)	888,486	92,766,592	115,593,462	0	0	0	0	0	0	0	336,945,086	733,728,401	1,279,922,026
2. Direct Claims Incurred:													
2.1 Paid claims during the year	621,169	66,942,073	106,373,928	0	0	0	0	0	0	(11,264)	268,241,745	575,612,199	1,017,779,849
2.2 Direct claim liability current year	0	8,134,032	15,955,099	0	0	0	0	0	0	0	25,980,790	48,315,772	98,385,693
2.3 Direct claim liability prior year	(28)	6,534,438	8,455,443	0	0	0	0	0	0	(11,310)	29,203,190	56,776,259	100,957,991
2.4 Direct claim reserves current year	0	193,594	376,097	0	0	0	0	0	0	0	10,412,176	919,615	11,901,482
2.5 Direct claim reserves prior year	0	170,636	234,942	0	0	0	0	0	0	0	9,772,534	41,493	10,219,606
2.6 Direct contract reserves current year	0	0	0	0	0	0	0	0	0	0	46,492	0	46,492
2.7 Direct contract reserves prior year	0	0	0	0	0	0	0	0	0	0	53,240	1	53,240
2.8 Paid rate credits	76	0	(76)	0	0	0	0	0	0	0	6,362,486	8,860,476	15,222,962
2.9 Reserve for rate credits current year	0	0	0	0	0	0	0	0	0	0	414,450	13,596,258	14,010,708
2.10 Reserve for rate credits prior year	0	0	0	0	0	0	0	0	0	0	427,994	7,050,961	7,478,954
2.11 Incurred medical incentive pools and bonuses (Lines 2.11a + 2.11b - 2.11c)	0	137,241	334,329	0	0	0	0	0	0	0	0	4,140,666	4,612,236
2.11a Paid medical incentive pools and bonuses current year	0	5,442	20,894	0	0	0	0	0	0	0	0	2,427,992	2,454,328
2.11b Accrued medical incentive pools and bonuses current year	0	165,751	441,456	0	0	0	0	0	0	0	0	4,268,498	4,875,705
2.11c Accrued medical incentive pools and bonuses prior year	0	33,951	128,022	0	0	0	0	0	0	0	0	2,555,824	2,717,797
2.12 Net healthcare receivables (Lines 2.12a - 2.12b)	0	149,957	1,252,404	0	0	0	0	0	0	0	21,258	4,355,507	5,779,126
2.12a Healthcare receivables current year	0	1,923,861	2,418,736	0	0	0	0	0	0	0	20,721	49,829,958	54,193,276
2.12b Healthcare receivables prior year	0	1,773,904	1,166,332	0	0	0	0	0	0	0	(536)	45,474,450	48,414,150
2.13 Group conversion charge	0	0	0	0	0	0	0	0	0	0	0	0	0
2.14 Multi-option coverage blended rate adjustment	0	0	0	0	0	0	0	0	0	0	0	0	0
2.15 Total incurred claims (Lines 2.1 + 2.2 - 2.3 + 2.4 - 2.5 + 2.6 - 2.7 + 2.8 + 2.9 - 2.10 + 2.11 - 2.12 + 2.13 + 2.14)	621,274	68,551,909	113,096,587	0	0	0	0	0	0	46	271,979,924	583,220,765	1,037,470,505
2.16 Assumed incurred claims from non-affiliates	0	0	95	0	0	0	0	0	0	0	0	0	95
2.17 Net assumed less ceded incurred claims from affiliates	0	0	0	0	0	0	0	0	0	0	0	0	0
2.18 Ceded incurred claims to non-affiliates	0	0	8,047,824	0	0	0	0	0	0	0	110,829	0	8,158,653
2.19 Other adjustments due to MLR calculation - Claims	0	0	0	0	0	0	0	0	0	0	0	0	0
2.20 Net Incurred Claims (Lines 2.15 - 2.8 - 2.9 + 2.10 + 2.16 + 2.17 - 2.18 + 2.19)	621,197	68,551,909	105,048,934	0	0	0	0	0	0	46	265,520,154	567,814,992	1,007,557,231
3. Fraud and Abuse Recoveries that Reduced PAID Claims in Line 2.1 above (informational only)	0	1,713	13,932	0	0	0	0	0	0	0	0	34,468	50,113

(a) Column 13, Line 1.1 includes direct written premium of $ 9,487,372 for stand-alone dental and $ 1,620,040 for stand-alone vision policies.

SUPPLEMENT FOR THE YEAR 2018 OF THE UnitedHealthcare Insurance Company

SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 3

(To Be Filed by April 1 - Not for Rebate Purposes)

REPORT FOR: 1. CORPORATION UnitedHealthcare Insurance Company 2. 185 Asylum Street Hartford, CT 061033408 (LOCATION)

NAIC Group Code 0707 BUSINESS IN THE STATE OF Washington DURING THE YEAR 2018 NAIC Company Code 79413

	All Expenses	Improving Health Care Quality Expenses						Claims Adjustment Expenses		9	10
		1 Improve Health Outcomes	2 Activities to Prevent Hospital Readmissions	3 Improve Patient Safety and Reduce Medical Errors	4 Wellness & Health Promotion Activities	5 HIT Expenses	6 Total (1 to 5)	7 Cost Containment Expenses	8 Other Claims Adjustment Expenses	General Administrative Expenses	Total Expenses (6 to 9)
1.	Individual Comprehensive Coverage Expenses:										
	1.1 Salaries (including $ 17,651 for affiliated services)	0	0	0	0	0	0	2,116	3,462	12,073	17,651
	1.2 Outsourced Services	0	0	0	0	0	0	247	397	1,086	1,729
	1.3 EDP Equipment and Software (incl $ 1,257 for affiliated services)	0	0	0	0	0	0	177	289	791	1,257
	1.4 Other Equipment (excl. EDP) (incl $ 121 for affiliated services)	0	0	0	0	0	0	17	28	76	121
	1.5 Accreditation and Certification (incl $ 13 for affiliated services)	0	XXX	XXX	XXX	XXX	0	2	3	8	13
	1.6 Other Expenses (incl $ 40,010 for affiliated services)	7,108	0	0	0	0	7,108	4,733	7,743	51,105	70,690
	1.7 Subtotal before Reimbursements and Taxes (Lines 1.1 to 1.6)	7,108	0	0	0	0	7,108	7,292	11,922	65,139	91,461
	1.8 Reimbursements by uninsured plans and fiscal intermediaries	0	0	0	0	0	0	0	0	0	0
	1.9 Taxes, Licenses and Fees (in total, for tying purposes)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	79,101	79,101
	1.10 Total (1.7 to 1.9)	7,108	0	0	0	0	7,108	7,292	11,922	144,239	170,562
	1.11 Total Fraud and Abuse Detection/Recovery Expenses included in Column 7 (informational only)	0	0	0	0	0	0	2,170	0	0	2,170
2.	Small Group Comprehensive Coverage Expenses:										
	2.1 Salaries (including $ 2,190,501 for affiliated services)	0	0	0	0	0	0	273,770	429,795	1,486,936	2,190,501
	2.2 Outsourced Services	0	0	0	0	0	0	55,204	49,255	138,154	242,613
	2.3 EDP Equipment and Software (incl $ 154,677 for affiliated services)	0	0	0	0	0	0	22,861	35,890	95,926	154,677
	2.4 Other Equipment (excl. EDP) (incl $ 14,847 for affiliated services)	0	0	0	0	0	0	2,194	3,445	9,208	14,847
	2.5 Accreditation and Certification (incl $ 1,612 for affiliated services)	0	XXX	XXX	XXX	XXX	0	238	374	1,000	1,612
	2.6 Other Expenses (incl $ 5,036,017 for affiliated services)	741,943	0	0	0	0	741,943	630,352	961,264	6,672,376	9,005,936
	2.7 Subtotal before Reimbursements and Taxes (Lines 2.1 to 2.6)	741,943	0	0	0	0	741,943	984,620	1,480,023	8,403,599	11,610,186
	2.8 Reimbursements by uninsured plans and fiscal intermediaries	0	0	0	0	0	0	0	0	0	0
	2.9 Taxes, Licenses and Fees (in total, for tying purposes)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	5,281,306	5,281,306
	2.10 Total (2.7 to 2.9)	741,943	0	0	0	0	741,943	984,620	1,480,023	13,684,905	16,891,491
	2.11 Total Fraud and Abuse Detection/Recovery Expenses included in Column 7 (informational only)	0	0	0	0	0	0	282,325	0	0	282,325
3.	Large Group Comprehensive Coverage Expenses:										
	3.1 Salaries (including $ 1,547,238 for affiliated services)	0	0	0	0	0	0	407,282	510,831	629,125	1,547,238
	3.2 Outsourced Services	0	0	0	0	0	0	56,546	58,542	42,673	157,761
	3.3 EDP Equipment and Software (incl $ 108,372 for affiliated services)	0	0	0	0	0	0	34,010	42,657	31,705	108,372
	3.4 Other Equipment (excl. EDP) (incl $ 10,402 for affiliated services)	0	0	0	0	0	0	3,265	4,095	3,043	10,402
	3.5 Accreditation and Certification (incl $ 1,130 for affiliated services)	0	XXX	XXX	XXX	XXX	0	354	445	330	1,130
	3.6 Other Expenses (incl $ 4,320,219 for affiliated services)	992,521	0	0	0	0	992,521	938,503	1,142,508	2,477,298	5,550,829
	3.7 Subtotal before Reimbursements and Taxes (Lines 3.1 to 3.6)	992,521	0	0	0	0	992,521	1,439,959	1,759,077	3,184,175	7,375,732
	3.8 Reimbursements by uninsured plans and fiscal intermediaries	0	0	0	0	0	0	767	558	3,326	4,651
	3.9 Taxes, Licenses and Fees (in total, for tying purposes)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	3,376,693	3,376,693
	3.10 Total (3.7 to 3.9)	992,521	0	0	0	0	992,521	1,440,726	1,759,635	6,564,194	10,757,077
	3.11 Total Fraud and Abuse Detection/Recovery Expenses included in Column 7 (informational only)	0	0	0	0	0	0	469,769	0	0	469,769

SUPPLEMENT FOR THE YEAR 2018 OF THE UnitedHealthcare Insurance Company

SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 3 (Continued)

	All Expenses	Improving Health Care Quality Expenses						Claims Adjustment Expenses		9	10
		1 Improve Health Outcomes	2 Activities to Prevent Hospital Readmissions	3 Improve Patient Safety and Reduce Medical Errors	4 Wellness & Health Promotion Activities	5 HIT Expenses	6 Total (1 to 5)	7 Cost Containment Expenses	8 Other Claims Adjustment Expenses	General Administrative Expenses	Total Expenses (6 to 9)
4.	Individual Mini-Med Plans Expenses:										
	4.1 Salaries (including $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	4.2 Outsourced Services	0	0	0	0	0	0	0	0	0	0
	4.3 EDP Equipment and Software (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	4.4 Other Equipment (excl. EDP) (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	4.5 Accreditation and Certification (incl $ 0 for affiliated services)	0	XXX	XXX	XXX	XXX	0	0	0	0	0
	4.6 Other Expenses (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	4.7 Subtotal before Reimbursements and Taxes (Lines 4.1 to 4.6)	0	0	0	0	0	0	0	0	0	0
	4.8 Reimbursements by uninsured plans and fiscal intermediaries	0	0	0	0	0	0	0	0	0	0
	4.9 Taxes, Licenses and Fees (in total, for tying purposes)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0
	4.10 Total (4.7 to 4.9)	0	0	0	0	0	0	0	0	0	0
	4.11 Total Fraud and Abuse Detection/Recovery Expenses included in Column 7 (informational only)	0	0	0	0	0	0	0	0	0	0
5.	Small Group Mini-Med Plans Expenses:										
	5.1 Salaries (including $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	5.2 Outsourced Services	0	0	0	0	0	0	0	0	0	0
	5.3 EDP Equipment and Software (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	5.4 Other Equipment (excl. EDP) (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	5.5 Accreditation and Certification (incl $ 0 for affiliated services)	0	XXX	XXX	XXX	XXX	0	0	0	0	0
	5.6 Other Expenses (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	5.7 Subtotal before Reimbursements and Taxes (Lines 5.1 to 5.6)	0	0	0	0	0	0	0	0	0	0
	5.8 Reimbursements by uninsured plans and fiscal intermediaries	0	0	0	0	0	0	0	0	0	0
	5.9 Taxes, Licenses and Fees (in total, for tying purposes)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0
	5.10 Total (5.7 to 5.9)	0	0	0	0	0	0	0	0	0	0
	5.11 Total Fraud and Abuse Detection/Recovery Expenses included in Column 7 (informational only)	0	0	0	0	0	0	0	0	0	0
6.	Large Group Mini-Med Plans Expenses:										
	6.1 Salaries (including $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	6.2 Outsourced Services	0	0	0	0	0	0	0	0	0	0
	6.3 EDP Equipment and Software (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	6.4 Other Equipment (excl. EDP) (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	6.5 Accreditation and Certification (incl $ 0 for affiliated services)	0	XXX	XXX	XXX	XXX	0	0	0	0	0
	6.6 Other Expenses (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	6.7 Subtotal before Reimbursements and Taxes (Lines 6.1 to 6.6)	0	0	0	0	0	0	0	0	0	0
	6.8 Reimbursements by uninsured plans and fiscal intermediaries	0	0	0	0	0	0	0	0	0	0
	6.9 Taxes, Licenses and Fees (in total, for tying purposes)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0
	6.10 Total (6.7 to 6.9)	0	0	0	0	0	0	0	0	0	0
	6.11 Total Fraud and Abuse Detection/Recovery Expenses included in Column 7 (informational only)	0	0	0	0	0	0	0	0	0	0

SUPPLEMENT FOR THE YEAR 2018 OF THE UnitedHealthcare Insurance Company

SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 3 (Continued)

	All Expenses	Improving Health Care Quality Expenses						Claims Adjustment Expenses		9	10
		1 Improve Health Outcomes	2 Activities to Prevent Hospital Readmissions	3 Improve Patient Safety and Reduce Medical Errors	4 Wellness & Health Promotion Activities	5 HIT Expenses	6 Total (1 to 5)	7 Cost Containment Expenses	8 Other Claims Adjustment Expenses	General Administrative Expenses	Total Expenses (6 to 9)
7.	Small Group Expatriate Plans Expenses:										
	7.1 Salaries (including $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	7.2 Outsourced Services	0	0	0	0	0	0	0	0	0	0
	7.3 EDP Equipment and Software (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	7.4 Other Equipment (excl. EDP) (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	7.5 Accreditation and Certification (incl $ 0 for affiliated services)	0	XXX	XXX	XXX	XXX	0	0	0	0	0
	7.6 Other Expenses (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	7.7 Subtotal before Reimbursements and Taxes (Lines 7.1 to 7.6)	0	0	0	0	0	0	0	0	0	0
	7.8 Reimbursements by uninsured plans and fiscal intermediaries	0	0	0	0	0	0	0	0	0	0
	7.9 Taxes, Licenses and Fees (in total, for tying purposes)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0
	7.10 Total (7.7 to 7.9)	0	0	0	0	0	0	0	0	0	0
	7.11 Total Fraud and Abuse Detection/Recovery Expenses included in Column 7 (informational only)	0	0	0	0	0	0	0	0	0	0
8.	Large Group Expatriate Plans Expenses:										
	8.1 Salaries (including $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	8.2 Outsourced Services	0	0	0	0	0	0	0	0	0	0
	8.3 EDP Equipment and Software (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	8.4 Other Equipment (excl. EDP) (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	8.5 Accreditation and Certification (incl $ 0 for affiliated services)	0	XXX	XXX	XXX	XXX	0	0	0	0	0
	8.6 Other Expenses (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	8.7 Subtotal before Reimbursements and Taxes (Lines 8.1 to 8.6)	0	0	0	0	0	0	0	0	0	0
	8.8 Reimbursements by uninsured plans and fiscal intermediaries	0	0	0	0	0	0	0	0	0	0
	8.9 Taxes, Licenses and Fees (in total, for tying purposes)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0
	8.10 Total (8.7 to 8.9)	0	0	0	0	0	0	0	0	0	0
	8.11 Total Fraud and Abuse Detection/Recovery Expenses included in Column 7 (informational only)	0	0	0	0	0	0	0	0	0	0
9.	Student Health Plans Expenses:										
	9.1 Salaries (including $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	9.2 Outsourced Services	0	0	0	0	0	0	0	0	0	0
	9.3 EDP Equipment and Software (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	9.4 Other Equipment (excl. EDP) (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	9.5 Accreditation and Certification (incl $ 0 for affiliated services)	0	XXX	XXX	XXX	XXX	0	0	0	0	0
	9.6 Other Expenses (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	9.7 Subtotal before Reimbursements and Taxes (Lines 9.1 to 9.6)	0	0	0	0	0	0	0	0	0	0
	9.8 Reimbursements by uninsured plans and fiscal intermediaries	0	0	0	0	0	0	0	0	0	0
	9.9 Taxes, Licenses and Fees (in total, for tying purposes)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0
	9.10 Total (9.7 to 9.9)	0	0	0	0	0	0	0	0	0	0
	9.11 Total Fraud and Abuse Detection/Recovery Expenses included in Column 7 (informational only)	0	0	0	0	0	0	0	0	0	0

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SUPPLEMENT FOR THE YEAR 2018 OF THE UnitedHealthcare Insurance Company

SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 1

(To Be Filed by April 1 - Not for Rebate Purposes - See Cautionary Statement at http://www.naic.org/documents/committees_e_app_blanks_related_shce_cautionary_statement.pdf)

REPORT FOR: 1. CORPORATION UnitedHealthcare Insurance Company 2. 185 Asylum Street Hartford, CT 061033408 (LOCATION)

NAIC Group Code 0707 BUSINESS IN THE STATE OF West Virginia DURING THE YEAR 2018 NAIC Company Code 79413

	Business Subject to MLR									10	11	12	13	14	15
	Comprehensive Health Coverage			Mini-Med Plans			Expatriate Plans		9						
	1 Individual	2 Small Group Employer	3 Large Group Employer	4 Individual	5 Small Group Employer	6 Large Group Employer	7 Small Group	8 Large Group	Student Health Plans	Government Business (excluded by statute)	Other Health Business	Medicare Advantage Part C and Medicare Part D Stand-Alone Subject to ACA	Subtotal (Cols. 1 through 12)	Uninsured Plans	Total 13 + 14
1. Premium:															
1.1 Health premiums earned (From Part 2, Line 1.11)	220,241	29,337,201	5,605,346	0	0	0	0	0	0	0	92,573,227	33,159,167	160,895,182	XXX	160,895,182
1.2 Federal high risk pools	0	0	0	0	0	0	0	0	0	0	0	0	0	XXX	0
1.3 State high risk pools	(166)	(1,257)	(5,196)	0	0	0	0	0	0	0	53,627	0	47,008	XXX	47,008
1.4 Premiums earned including state and federal high risk programs (Lines 1.1 + 1.2 + 1.3)	220,075	29,335,944	5,600,150	0	0	0	0	0	0	0	92,626,854	33,159,167	160,942,190	XXX	160,942,190
1.5 Federal taxes and federal assessments	(76,151)	(99,978)	371,672	0	0	0	0	0	0	0	634,452	1,676,537	2,506,533	0	2,506,533
1.6 State insurance, premium and other taxes (Similar local taxes of $ 16,768)	14,027	903,013	205,238	0	0	0	0	0	0	0	1,290,603	4,834	2,417,715	0	2,417,715
1.6a Community Benefit Expenditures (informational only)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
1.7 Regulatory authority licenses and fees	71	481	366	0	0	0	0	0	0	0	(22,689)	0	(21,770)	0	(21,770)
1.8 Adjusted Premiums Earned (Lines 1.4 - 1.5 - 1.6 - 1.7)	282,128	28,532,427	5,022,874	0	0	0	0	0	0	0	90,724,487	31,477,797	156,039,713	XXX	156,039,713
1.9 Net Assumed less Ceded reinsurance premiums earned	0	588	(189,615)	0	0	0	0	0	0	0	(12,154)	0	(201,181)	XXX	(201,181)
1.10 Other Adjustments due to MLR calculations - Premiums	0	5,178	50	0	0	0	0	0	0	0	896	398,657	404,781	XXX	404,781
1.11 Risk Revenue	0	0	0	0	0	0	0	0	0	0	0	0	0	XXX	0
1.12 Net adjusted premiums earned after reinsurance (Lines 1.8 + 1.9 + 1.10 + 1.11)	282,128	28,538,193	4,833,308	0	0	0	0	0	0	0	90,713,229	31,876,454	156,243,312	XXX	156,243,312
2. Claims:															
2.1 Incurred claims excluding prescription drugs	545,509	23,284,545	3,074,064	0	0	0	0	0	0	0	72,273,702	(864,794)	98,313,026	XXX	98,313,026
2.2 Prescription drugs	47,533	5,186,009	913,420	0	0	0	0	0	0	0	126,015	63,708,544	69,981,521	XXX	69,981,521
2.3 Pharmaceutical rebates	15,435	1,644,142	300,046	0	0	0	0	0	0	0	36,882	37,961,379	39,957,885	XXX	39,957,885
2.4 State stop loss, market stabilization and claim/census based assessments (informational only)	1	1,176	6,112	0	0	0	0	0	0	0	0	0	7,290	XXX	7,290
3. Incurred medical incentive pools and bonuses	0	992	0	0	0	0	0	0	0	0	0	0	992	XXX	992
4. Deductible Fraud and Abuse Detection/Recovery Expenses (for MLR use only)	3	2,157	1,710	0	0	0	0	0	0	0	0	0	3,870	0	3,870
5. 5.0 Total Incurred Claims (Lines 2.1 + 2.2 - 2.3 + 3) (From Part 2, Line 2.15)	577,607	26,827,404	3,687,437	0	0	0	0	0	0	0	72,362,835	24,882,370	128,337,654	XXX	128,337,654
5.1 Net Assumed less Ceded reinsurance claims incurred	0	462	(243,480)	0	0	0	0	0	0	0	2,534	0	(240,484)	XXX	(240,484)
5.2 Other Adjustments due to MLR calculations - Claims	0	0	(413,289)	0	0	0	0	0	0	0	0	0	(413,289)	XXX	(413,289)
5.3 Rebates paid	0	0	418,301	0	0	0	0	0	0	XXX	XXX	0	418,301	XXX	418,301
5.4 Estimated rebates unpaid prior year	0	0	5,012	0	0	0	0	0	0	XXX	XXX	0	5,012	XXX	5,012
5.5 Estimated rebates unpaid current year	0	0	0	0	0	0	0	0	0	XXX	XXX	0	0	XXX	0
5.6 Fee for service and co-pay revenue	0	0	0	0	0	0	0	0	0	0	0	0	0	XXX	0
5.7 Net incurred claims after reinsurance (Lines 5.0 + 5.1 + 5.2 + 5.3 - 5.4 + 5.5 - 5.6)	577,607	26,827,866	3,443,957	0	0	0	0	0	0	0	72,365,369	24,882,370	128,097,170	XXX	128,097,170
6. Improving Health Care Quality Expenses Incurred:															
6.1 Improve health outcomes	1,762	234,698	44,843	0	0	0	0	0	0	0	355,450	18,171	654,924	0	654,924
6.2 Activities to prevent hospital readmissions	0	0	0	0	0	0	0	0	0	0	259,853	13,386	273,240	0	273,240
6.3 Improve patient safety and reduce medical errors	0	0	0	0	0	0	0	0	0	0	193,428	10,313	203,741	0	203,741
6.4 Wellness and health promotion activities	0	0	0	0	0	0	0	0	0	0	711,818	(30,372)	681,446	0	681,446
6.5 Health Information Technology expenses related to health improvement	0	0	0	0	0	0	0	0	0	0	74,898	32,971	107,869	0	107,869
6.6 Total of Defined Expenses Incurred for Improving Health Care Quality (Lines 6.1+6.2+6.3+6.4+6.5)	1,762	234,698	44,843	0	0	0	0	0	0	0	1,595,448	44,469	1,921,220	0	1,921,220
7. Preliminary Medical Loss Ratio: MLR ((Lines 4 + 5.0 + 6.6 - Footnote 2.0)/Line 1.8	2.054	0.949	0.743	0.000	0.000	0.000	0.000	0.000	0.000	XXX	XXX	0.792	XXX	XXX	XXX
8. Claims Adjustment Expenses:															
8.1 Cost containment expenses not included in quality of care expenses in Line 6.6	3,639	308,163	57,257	0	0	0	0	0	0	0	27,235	(165,928)	230,365	0	230,365
8.2 All other claims adjustment expenses	7,251	476,509	82,383	0	0	0	0	0	0	0	1,353,853	400,224	2,320,220	0	2,320,220
8.3 Total claims adjustment expenses (Lines 8.1 + 8.2)	10,890	784,672	139,640	0	0	0	0	0	0	0	1,381,088	234,297	2,550,586	0	2,550,586
9. Claims Adjustment Expense Ratio (Line 8.3/Line 1.8)	0.039	0.028	0.028	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.015	0.007	XXX	XXX	XXX

SUPPLEMENT FOR THE YEAR 2018 OF THE UnitedHealthcare Insurance Company

SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 1 (Continued)

	Business Subject to MLR									10	11	12	13	14	15
	Comprehensive Health Coverage			Mini-Med Plans			Expatriate Plans		9						
	1 Individual	2 Small Group Employer	3 Large Group Employer	4 Individual	5 Small Group Employer	6 Large Group Employer	7 Small Group	8 Large Group	Student Health Plans	Government Business (excluded by statute)	Other Health Business	Medicare Advantage Part C and Medicare Part D Stand-Alone Subject to ACA	Subtotal (Cols. 1 through 12)	Uninsured Plans	Total 13 + 14
10. General and Administrative (G&A) Expenses:															
10.1 Direct sales salaries and benefits	1,185	101,698	19,908	0	0	0	0	0	0	0	119,728	70,658	313,176	0	313,176
10.2 Agents and brokers fees and commissions	7,799	727,560	166,585	0	0	0	0	0	0	0	3,276,081	26,773	4,204,798	0	4,204,798
10.3 Other taxes (excluding taxes on Lines 1.5 through 1.7 and Line 14 below)	(2,176)	25,551	(4,636)	0	0	0	0	0	0	0	168,368	82,752	269,859	0	269,859
10.4 Other general and administrative expenses	17,986	1,187,538	187,028	0	0	0	0	0	0	0	9,302,713	2,535,520	13,230,786	0	13,230,786
10.4a Community Benefit Expenditures (informational only)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
10.5 Total general and administrative (Lines 10.1 +10.2 + 10.3 + 10.4)	24,793	2,042,347	368,886	0	0	0	0	0	0	0	12,866,889	2,715,703	18,018,618	0	18,018,618
11. Underwriting Gain/(Loss) (Lines 1.12 - 5.7 - 6.6 - 8.3 - 10.5)	(332,924)	(1,351,388)	835,983	0	0	0	0	0	0	0	2,504,435	3,999,614	5,655,719	XXX	5,655,719
12. Income from fees of uninsured plans	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0
13. Net investment and other gain/(loss)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1,893,495	XXX	1,893,495
14. Federal income taxes (excluding taxes on Line 1.5 above)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	26,974	XXX	26,974
15. Net gain or (loss) (Lines 11 + 12 + 13 - 14)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	7,522,240	XXX	7,522,240
16. ICD-10 Implementation Expenses (informational only; already included in general expenses and line 10.4)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
16. 16a ICD-10 Implementation Expenses (informational only; already included in line 10.4)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
OTHER INDICATORS:															
1. Number of certificates/policies	33	3,200	712	0	0	0	0	0	0	0	46,358	30,402	80,705	0	80,705
2. Number of Covered Lives	72	5,529	1,072	0	0	0	0	0	0	0	48,322	30,402	85,397	0	85,397
3. Number of Groups	XXX	534	39	XXX	0	0	0	0	0	0	320	2	895	0	895
4. Member Months	781	56,911	19,417	0	0	0	0	0	0	0	594,714	375,370	1,047,193	0	1,047,193

Is run off business reported in Columns 1 through 9 or 12? Yes [ ] No [ ] If yes, show the amount of premiums and claims included. Premiums $ 0 Claims $ 0

216-2.WV

AFFORDABLE CARE ACT (ACA) RECEIPTS, PAYMENTS, RECEIVABLES and PAYABLES

	Current Year Comprehensive Health Coverage		Prior Year Comprehensive Health Coverage	
	1 Individual Plans	2 Small Group Employer Plans	3 Individual Plans	4 Small Group Employer Plans
ACA Receivables and Payables				
1. Permanent ACA Risk Adjustment Program 1.0 Premium adjustments receivable/(payable)	(196,071)	(727,965)	113,456	(428,574)
2. Transitional ACA Reinsurance Program 2.0 Total amounts recoverable for claims (paid & unpaid)	0	XXX	0	XXX
3. Temporary ACA Risk Corridors Program 3.1 Accrued retrospective premium	0	0	0	0
3.2 Reserve for rate credits or policy experience refunds	0	0	0	0
ACA Receipts and Payments				
4. Permanent ACA Risk Adjustment Program 4.0 Premium adjustments receipts/(payments)	141,236	(192,019)	0	(532,150)
5. Transitional ACA Reinsurance Program 5.0 Amounts received for claims	0	XXX	0	XXX
6. Temporary ACA Risk Corridors Program 6.1 Retrospective premium received	0	0	0	0
6.2 Rate credits or policy experience refunds paid	0	0	0	0

SUPPLEMENT FOR THE YEAR 2018 OF THE UnitedHealthcare Insurance Company

SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 2

(To Be Filed by April 1 - Not for Rebate Purposes)

REPORT FOR: 1. CORPORATION UnitedHealthcare Insurance Company 2. 185 Asylum Street Hartford, CT 061033408 (LOCATION)

NAIC Group Code 0707 BUSINESS IN THE STATE OF West Virginia DURING THE YEAR 2018 NAIC Company Code 79413

	Business Subject to MLR												
	Comprehensive Health Coverage			Mini-Med Plans			Expatriate Plans:		9	10	11	12	13
	1	2	3	4	5	6	7	8					
	Individual	Small Group Employer	Large Group Employer	Individual	Small Group Employer	Large Group Employer	Small Group	Large Group	Student Health Plans	Government Business (excluded by statute)	Other Health Business	Medicare Advantage Part C and Medicare Part D Stand-Alone Subject to ACA	Total (a)
1. Health Premiums Earned:													
1.1 Direct premiums written	220,241	29,344,869	5,606,602	0	0	0	0	0	0	0	92,574,130	33,557,824	161,303,667
1.2 Unearned premium prior year	0	0	0	0	0	0	0	0	0	0	0	0	0
1.3 Unearned premium current year	0	2,490	1,207	0	0	0	0	0	0	0	7	0	3,704
1.4 Change in unearned premium (Lines 1.2 - 1.3)	0	(2,490)	(1,207)	0	0	0	0	0	0	0	(7)	0	(3,704)
1.5 Paid rate credits	(73,074)	0	417,638	0	0	0	0	0	0	0	(1,492,264)	0	(1,147,700)
1.6 Reserve for rate credits current year	0	0	0	0	0	0	0	0	0	0	0	(160,191)	(160,191)
1.7 Reserve for rate credits prior year	0	0	5,012	0	0	0	0	0	0	0	0	705,029	710,041
1.8 Change in reserve for rate credits (Lines 1.6 - 1.7)	0	0	(5,012)	0	0	0	0	0	0	0	0	(865,220)	(870,232)
1.9 Premium balances written off	0	5,178	50	0	0	0	0	0	0	0	896	398,657	404,781
1.10 Group conversion charge	0	0	0	0	0	0	0	0	0	0	0	0	0
1.11 Total direct premiums earned (Lines 1.1 + 1.4 - 1.9 + 1.10)	220,241	29,337,201	5,605,346	0	0	0	0	0	0	0	92,573,227	33,159,167	160,895,182
1.12 Assumed premiums earned from non-affiliates	0	0	0	0	0	0	0	0	0	0	0	0	0
1.13 Net Assumed less Ceded premiums earned from affiliates	0	588	535	0	0	0	0	0	0	0	0	0	1,123
1.14 Ceded premiums earned to non-affiliates	0	0	190,150	0	0	0	0	0	0	0	12,154	0	202,304
1.15 Other Adjustments due to MLR calculation - Premiums	0	5,178	50	0	0	0	0	0	0	0	896	398,657	404,781
1.16 Net premiums earned (Lines 1.11 - 1.5 - 1.8 + 1.12 + 1.13 - 1.14 + 1.15)	293,314	29,342,967	5,003,155	0	0	0	0	0	0	0	94,054,234	34,423,044	163,116,714
2. Direct Claims Incurred:													
2.1 Paid claims during the year	648,360	24,846,107	3,765,608	0	0	0	0	0	0	0	74,448,114	38,001,251	141,709,439
2.2 Direct claim liability current year	4,964	3,378,107	556,248	0	0	0	0	0	0	0	8,296,723	3,194,712	15,430,754
2.3 Direct claim liability prior year	55	1,012,487	958,307	0	0	0	0	0	0	0	8,944,721	2,650,701	13,566,272
2.4 Direct claim reserves current year	0	79,943	15,502	0	0	0	0	0	0	0	2,623,646	0	2,719,091
2.5 Direct claim reserves prior year	0	25,034	5,560	0	0	0	0	0	0	0	2,548,594	0	2,579,187
2.6 Direct contract reserves current year	37,366	0	0	0	0	0	0	0	0	0	13,350	0	50,716
2.7 Direct contract reserves prior year	39,943	0	0	0	0	0	0	0	0	0	22,022	0	61,965
2.8 Paid rate credits	(73,074)	0	417,638	0	0	0	0	0	0	0	(1,492,264)	0	(1,147,700)
2.9 Reserve for rate credits current year	0	0	0	0	0	0	0	0	0	0	0	(160,191)	(160,191)
2.10 Reserve for rate credits prior year	0	0	5,012	0	0	0	0	0	0	0	0	705,029	710,041
2.11 Incurred medical incentive pools and bonuses (Lines 2.11a + 2.11b - 2.11c)	0	992	0	0	0	0	0	0	0	0	0	0	992
2.11a Paid medical incentive pools and bonuses current year	0	632	0	0	0	0	0	0	0	0	0	0	632
2.11b Accrued medical incentive pools and bonuses current year	0	470	0	0	0	0	0	0	0	0	0	0	470
2.11c Accrued medical incentive pools and bonuses prior year	0	110	0	0	0	0	0	0	0	0	0	0	110
2.12 Net healthcare receivables (Lines 2.12a - 2.12b)	11	440,224	98,679	0	0	0	0	0	0	0	11,396	12,797,671	13,347,981
2.12a Healthcare receivables current year	16	765,379	154,518	0	0	0	0	0	0	0	11,396	22,004,246	22,935,556
2.12b Healthcare receivables prior year	5	325,155	55,839	0	0	0	0	0	0	0	0	9,206,575	9,587,574
2.13 Group conversion charge	0	0	0	0	0	0	0	0	0	0	0	0	0
2.14 Multi-option coverage blended rate adjustment	0	0	0	0	0	0	0	0	0	0	0	0	0
2.15 Total incurred claims (Lines 2.1 + 2.2 - 2.3 + 2.4 - 2.5 + 2.6 - 2.7 + 2.8 + 2.9 - 2.10 + 2.11 - 2.12 + 2.13 + 2.14)	577,607	26,827,404	3,687,437	0	0	0	0	0	0	0	72,362,835	24,882,370	128,337,654
2.16 Assumed incurred claims from non-affiliates	0	0	0	0	0	0	0	0	0	0	0	0	0
2.17 Net assumed less ceded incurred claims from affiliates	0	462	235	0	0	0	0	0	0	0	0	0	697
2.18 Ceded incurred claims to non-affiliates	0	0	243,715	0	0	0	0	0	0	0	(2,534)	0	241,181
2.19 Other adjustments due to MLR calculation - Claims	0	0	0	0	0	0	0	0	0	0	0	0	0
2.20 Net Incurred Claims (Lines 2.15 - 2.8 - 2.9 + 2.10 + 2.16 + 2.17 - 2.18 + 2.19)	650,681	26,827,866	3,031,331	0	0	0	0	0	0	0	73,857,634	25,747,590	130,115,102
3. Fraud and Abuse Recoveries that Reduced PAID Claims in Line 2.1 above (informational only)	3	2,157	1,710	0	0	0	0	0	0	0	0	0	3,870

(a) Column 13, Line 1.1 includes direct written premium of $ 519,229 for stand-alone dental and $ 259,422 for stand-alone vision policies.

SUPPLEMENT FOR THE YEAR 2018 OF THE UnitedHealthcare Insurance Company

SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 3

(To Be Filed by April 1 - Not for Rebate Purposes)

REPORT FOR: 1. CORPORATION UnitedHealthcare Insurance Company 2. 185 Asylum Street Hartford, CT 061033408 (LOCATION)

NAIC Group Code 0707 BUSINESS IN THE STATE OF West Virginia DURING THE YEAR 2018 NAIC Company Code 79413

	All Expenses	Improving Health Care Quality Expenses						Claims Adjustment Expenses		9	10
		1 Improve Health Outcomes	2 Activities to Prevent Hospital Readmissions	3 Improve Patient Safety and Reduce Medical Errors	4 Wellness & Health Promotion Activities	5 HIT Expenses	6 Total (1 to 5)	7 Cost Containment Expenses	8 Other Claims Adjustment Expenses	General Administrative Expenses	Total Expenses (6 to 9)
1.	Individual Comprehensive Coverage Expenses:										
	1.1 Salaries (including $ 9,681 for affiliated services)	0	0	0	0	0	0	1,025	2,502	6,155	9,681
	1.2 Outsourced Services	0	0	0	0	0	0	117	208	417	742
	1.3 EDP Equipment and Software (incl $ 543 for affiliated services)	0	0	0	0	0	0	86	150	308	543
	1.4 Other Equipment (excl. EDP) (incl $ 52 for affiliated services)	0	0	0	0	0	0	8	14	26	49
	1.5 Accreditation and Certification (incl $ 6 for affiliated services)	0	XXX	XXX	XXX	XXX	0	1	2	3	6
	1.6 Other Expenses (incl $ 16,935 for affiliated services)	1,762	0	0	0	0	1,762	2,292	4,258	19,976	28,288
	1.7 Subtotal before Reimbursements and Taxes (Lines 1.1 to 1.6)	1,762	0	0	0	0	1,762	3,528	7,134	26,885	39,309
	1.8 Reimbursements by uninsured plans and fiscal intermediaries	0	0	0	0	0	0	0	0	0	0
	1.9 Taxes, Licenses and Fees (in total, for tying purposes)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	12,234	12,234
	1.10 Total (1.7 to 1.9)	1,762	0	0	0	0	1,762	3,528	7,134	39,119	51,543
	1.11 Total Fraud and Abuse Detection/Recovery Expenses included in Column 7 (informational only)	0	0	0	0	0	0	953	0	0	953
2.	Small Group Comprehensive Coverage Expenses:										
	2.1 Salaries (including $ 639,187 for affiliated services)	0	0	0	0	0	0	80,489	135,446	423,252	639,187
	2.2 Outsourced Services	0	0	0	0	0	0	25,552	15,522	42,718	83,792
	2.3 EDP Equipment and Software (incl $ 45,188 for affiliated services)	0	0	0	0	0	0	6,721	11,310	27,157	45,188
	2.4 Other Equipment (excl. EDP) (incl $ 4,338 for affiliated services)	0	0	0	0	0	0	645	1,086	2,607	4,338
	2.5 Accreditation and Certification (incl $ 471 for affiliated services)	0	XXX	XXX	XXX	XXX	0	70	118	283	471
	2.6 Other Expenses (incl $ 1,465,766 for affiliated services)	234,698	0	0	0	0	234,698	185,206	302,934	1,513,588	2,236,425
	2.7 Subtotal before Reimbursements and Taxes (Lines 2.1 to 2.6)	234,698	0	0	0	0	234,698	298,683	466,416	2,009,604	3,009,401
	2.8 Reimbursements by uninsured plans and fiscal intermediaries	0	0	0	0	0	0	0	0	0	0
	2.9 Taxes, Licenses and Fees (in total, for tying purposes)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	955,810	955,810
	2.10 Total (2.7 to 2.9)	234,698	0	0	0	0	234,698	298,683	466,416	2,965,414	3,965,210
	2.11 Total Fraud and Abuse Detection/Recovery Expenses included in Column 7 (informational only)	0	0	0	0	0	0	81,848	0	0	81,848
3.	Large Group Comprehensive Coverage Expenses:										
	3.1 Salaries (including $ 112,895 for affiliated services)	0	0	0	0	0	0	14,347	23,429	75,119	112,895
	3.2 Outsourced Services	0	0	0	0	0	0	6,904	2,685	9,274	18,863
	3.3 EDP Equipment and Software (incl $ 7,825 for affiliated services)	0	0	0	0	0	0	1,198	1,956	4,670	7,825
	3.4 Other Equipment (excl. EDP) (incl $ 751 for affiliated services)	0	0	0	0	0	0	115	188	448	751
	3.5 Accreditation and Certification (incl $ 82 for affiliated services)	0	XXX	XXX	XXX	XXX	0	12	20	49	82
	3.6 Other Expenses (incl $ 258,378 for affiliated services)	44,843	0	0	0	0	44,843	32,973	52,400	282,563	412,780
	3.7 Subtotal before Reimbursements and Taxes (Lines 3.1 to 3.6)	44,843	0	0	0	0	44,843	55,550	80,679	372,123	553,195
	3.8 Reimbursements by uninsured plans and fiscal intermediaries	0	0	0	0	0	0	0	0	0	0
	3.9 Taxes, Licenses and Fees (in total, for tying purposes)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	205,778	205,778
	3.10 Total (3.7 to 3.9)	44,843	0	0	0	0	44,843	55,550	80,679	577,901	758,972
	3.11 Total Fraud and Abuse Detection/Recovery Expenses included in Column 7 (informational only)	0	0	0	0	0	0	15,088	0	0	15,088

SUPPLEMENT FOR THE YEAR 2018 OF THE UnitedHealthcare Insurance Company

SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 3 (Continued)

	All Expenses	Improving Health Care Quality Expenses						Claims Adjustment Expenses		9	10
		1 Improve Health Outcomes	2 Activities to Prevent Hospital Readmissions	3 Improve Patient Safety and Reduce Medical Errors	4 Wellness & Health Promotion Activities	5 HIT Expenses	6 Total (1 to 5)	7 Cost Containment Expenses	8 Other Claims Adjustment Expenses	General Administrative Expenses	Total Expenses (6 to 9)
4.	Individual Mini-Med Plans Expenses:										
	4.1 Salaries (including $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	4.2 Outsourced Services	0	0	0	0	0	0	0	0	0	0
	4.3 EDP Equipment and Software (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	4.4 Other Equipment (excl. EDP) (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	4.5 Accreditation and Certification (incl $ 0 for affiliated services)	0	XXX	XXX	XXX	XXX	0	0	0	0	0
	4.6 Other Expenses (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	4.7 Subtotal before Reimbursements and Taxes (Lines 4.1 to 4.6)	0	0	0	0	0	0	0	0	0	0
	4.8 Reimbursements by uninsured plans and fiscal intermediaries	0	0	0	0	0	0	0	0	0	0
	4.9 Taxes, Licenses and Fees (in total, for tying purposes)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0
	4.10 Total (4.7 to 4.9)	0	0	0	0	0	0	0	0	0	0
	4.11 Total Fraud and Abuse Detection/Recovery Expenses included in Column 7 (informational only)	0	0	0	0	0	0	0	0	0	0
5.	Small Group Mini-Med Plans Expenses:										
	5.1 Salaries (including $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	5.2 Outsourced Services	0	0	0	0	0	0	0	0	0	0
	5.3 EDP Equipment and Software (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	5.4 Other Equipment (excl. EDP) (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	5.5 Accreditation and Certification (incl $ 0 for affiliated services)	0	XXX	XXX	XXX	XXX	0	0	0	0	0
	5.6 Other Expenses (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	5.7 Subtotal before Reimbursements and Taxes (Lines 5.1 to 5.6)	0	0	0	0	0	0	0	0	0	0
	5.8 Reimbursements by uninsured plans and fiscal intermediaries	0	0	0	0	0	0	0	0	0	0
	5.9 Taxes, Licenses and Fees (in total, for tying purposes)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0
	5.10 Total (5.7 to 5.9)	0	0	0	0	0	0	0	0	0	0
	5.11 Total Fraud and Abuse Detection/Recovery Expenses included in Column 7 (informational only)	0	0	0	0	0	0	0	0	0	0
6.	Large Group Mini-Med Plans Expenses:										
	6.1 Salaries (including $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	6.2 Outsourced Services	0	0	0	0	0	0	0	0	0	0
	6.3 EDP Equipment and Software (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	6.4 Other Equipment (excl. EDP) (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	6.5 Accreditation and Certification (incl $ 0 for affiliated services)	0	XXX	XXX	XXX	XXX	0	0	0	0	0
	6.6 Other Expenses (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	6.7 Subtotal before Reimbursements and Taxes (Lines 6.1 to 6.6)	0	0	0	0	0	0	0	0	0	0
	6.8 Reimbursements by uninsured plans and fiscal intermediaries	0	0	0	0	0	0	0	0	0	0
	6.9 Taxes, Licenses and Fees (in total, for tying purposes)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0
	6.10 Total (6.7 to 6.9)	0	0	0	0	0	0	0	0	0	0
	6.11 Total Fraud and Abuse Detection/Recovery Expenses included in Column 7 (informational only)	0	0	0	0	0	0	0	0	0	0

SUPPLEMENT FOR THE YEAR 2018 OF THE UnitedHealthcare Insurance Company

SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 3 (Continued)

	All Expenses	Improving Health Care Quality Expenses						Claims Adjustment Expenses		9	10
		1 Improve Health Outcomes	2 Activities to Prevent Hospital Readmissions	3 Improve Patient Safety and Reduce Medical Errors	4 Wellness & Health Promotion Activities	5 HIT Expenses	6 Total (1 to 5)	7 Cost Containment Expenses	8 Other Claims Adjustment Expenses	General Administrative Expenses	Total Expenses (6 to 9)
7.	Small Group Expatriate Plans Expenses:										
	7.1 Salaries (including $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	7.2 Outsourced Services	0	0	0	0	0	0	0	0	0	0
	7.3 EDP Equipment and Software (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	7.4 Other Equipment (excl. EDP) (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	7.5 Accreditation and Certification (incl $ 0 for affiliated services)	0	XXX	XXX	XXX	XXX	0	0	0	0	0
	7.6 Other Expenses (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	7.7 Subtotal before Reimbursements and Taxes (Lines 7.1 to 7.6)	0	0	0	0	0	0	0	0	0	0
	7.8 Reimbursements by uninsured plans and fiscal intermediaries	0	0	0	0	0	0	0	0	0	0
	7.9 Taxes, Licenses and Fees (in total, for tying purposes)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0
	7.10 Total (7.7 to 7.9)	0	0	0	0	0	0	0	0	0	0
	7.11 Total Fraud and Abuse Detection/Recovery Expenses included in Column 7 (informational only)	0	0	0	0	0	0	0	0	0	0
8.	Large Group Expatriate Plans Expenses:										
	8.1 Salaries (including $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	8.2 Outsourced Services	0	0	0	0	0	0	0	0	0	0
	8.3 EDP Equipment and Software (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	8.4 Other Equipment (excl. EDP) (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	8.5 Accreditation and Certification (incl $ 0 for affiliated services)	0	XXX	XXX	XXX	XXX	0	0	0	0	0
	8.6 Other Expenses (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	8.7 Subtotal before Reimbursements and Taxes (Lines 8.1 to 8.6)	0	0	0	0	0	0	0	0	0	0
	8.8 Reimbursements by uninsured plans and fiscal intermediaries	0	0	0	0	0	0	0	0	0	0
	8.9 Taxes, Licenses and Fees (in total, for tying purposes)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0
	8.10 Total (8.7 to 8.9)	0	0	0	0	0	0	0	0	0	0
	8.11 Total Fraud and Abuse Detection/Recovery Expenses included in Column 7 (informational only)	0	0	0	0	0	0	0	0	0	0
9.	Student Health Plans Expenses:										
	9.1 Salaries (including $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	9.2 Outsourced Services	0	0	0	0	0	0	0	0	0	0
	9.3 EDP Equipment and Software (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	9.4 Other Equipment (excl. EDP) (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	9.5 Accreditation and Certification (incl $ 0 for affiliated services)	0	XXX	XXX	XXX	XXX	0	0	0	0	0
	9.6 Other Expenses (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	9.7 Subtotal before Reimbursements and Taxes (Lines 9.1 to 9.6)	0	0	0	0	0	0	0	0	0	0
	9.8 Reimbursements by uninsured plans and fiscal intermediaries	0	0	0	0	0	0	0	0	0	0
	9.9 Taxes, Licenses and Fees (in total, for tying purposes)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0
	9.10 Total (9.7 to 9.9)	0	0	0	0	0	0	0	0	0	0
	9.11 Total Fraud and Abuse Detection/Recovery Expenses included in Column 7 (informational only)	0	0	0	0	0	0	0	0	0	0

SUPPLEMENT FOR THE YEAR 2018 OF THE UnitedHealthcare Insurance Company

SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 1

(To Be Filed by April 1 - Not for Rebate Purposes - See Cautionary Statement at http://www.naic.org/documents/committees_e_app_blanks_related_shce_cautionary_statement.pdf)

REPORT FOR: 1. CORPORATION UnitedHealthcare Insurance Company 2. 185 Asylum Street Hartford, CT 061033408 (LOCATION)

NAIC Group Code 0707 BUSINESS IN THE STATE OF Wisconsin DURING THE YEAR 2018 NAIC Company Code 79413

	Business Subject to MLR									10	11	12	13	14	15
	Comprehensive Health Coverage			Mini-Med Plans			Expatriate Plans		9						
	1 Individual	2 Small Group Employer	3 Large Group Employer	4 Individual	5 Small Group Employer	6 Large Group Employer	7 Small Group	8 Large Group	Student Health Plans	Government Business (excluded by statute)	Other Health Business	Medicare Advantage Part C and Medicare Part D Stand-Alone Subject to ACA	Subtotal (Cols. 1 through 12)	Uninsured Plans	Total 13 + 14
1. Premium:															
1.1 Health premiums earned (From Part 2, Line 1.11)	2,466,764	353,368,090	572,095,444	0	0	0	0	0	0	6,243	237,912,379	57,999,796	1,223,848,714	XXX	1,223,848,714
1.2 Federal high risk pools	0	0	0	0	0	0	0	0	0	0	0	0	0	XXX	0
1.3 State high risk pools	(56)	(7,162)	(20,582)	0	0	0	0	0	0	0	73,724	0	45,925	XXX	45,925
1.4 Premiums earned including state and federal high risk programs (Lines 1.1 + 1.2 + 1.3)	2,466,708	353,360,928	572,074,862	0	0	0	0	0	0	6,243	237,986,102	57,999,796	1,223,894,639	XXX	1,223,894,639
1.5 Federal taxes and federal assessments	43,352	20,367,459	19,410,429	0	0	0	0	0	0	120,956	5,040,029	2,718,605	47,700,830	16,114	47,716,944
1.6 State insurance, premium and other taxes (Similar local taxes of $ 131,188)	41,750	4,982,714	8,010,671	0	0	0	0	0	0	0	4,575,491	7,202	17,617,828	79	17,617,907
1.6a Community Benefit Expenditures (informational only)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
1.7 Regulatory authority licenses and fees	39	5,086	26,639	0	0	0	0	0	0	0	(30,304)	0	1,460	0	1,460
1.8 Adjusted Premiums Earned (Lines 1.4 - 1.5 - 1.6 - 1.7)	2,381,567	328,005,670	544,627,123	0	0	0	0	0	0	(114,713)	228,400,886	55,273,989	1,158,574,521	XXX	1,158,558,329
1.9 Net Assumed less Ceded reinsurance premiums earned	243	84,350	(59,656,515)	0	0	0	0	0	0	600,832	(1,409,231)	1,995,058	(58,385,262)	XXX	(58,385,262)
1.10 Other Adjustments due to MLR calculations - Premiums	0	54,987	674,816	0	0	0	0	0	0	0	1,621	353,436	1,084,860	XXX	1,084,860
1.11 Risk Revenue	0	0	0	0	0	0	0	0	0	0	0	0	0	XXX	0
1.12 Net adjusted premiums earned after reinsurance (Lines 1.8 + 1.9 + 1.10 + 1.11)	2,381,810	328,145,007	485,645,424	0	0	0	0	0	0	486,119	226,993,276	57,622,484	1,101,274,119	XXX	1,101,257,927
2. Claims:															
2.1 Incurred claims excluding prescription drugs	1,810,686	214,019,168	418,294,414	0	0	0	0	0	0	0	163,027,399	1,940,459	799,092,127	XXX	799,092,127
2.2 Prescription drugs	418,547	44,449,382	84,807,140	0	0	0	0	0	0	0	18,644,807	87,534,085	235,853,961	XXX	235,853,961
2.3 Pharmaceutical rebates	156,697	16,463,258	29,641,757	0	0	0	0	0	0	0	9,052	47,675,456	93,946,219	XXX	93,946,219
2.4 State stop loss, market stabilization and claim/census based assessments (informational only)	0	40,019	154,394	0	0	0	0	0	0	0	120	0	194,533	XXX	194,533
3. Incurred medical incentive pools and bonuses	0	13,717	(959,303)	0	0	0	0	0	0	0	0	(1,648)	(947,235)	XXX	(947,235)
4. Deductible Fraud and Abuse Detection/Recovery Expenses (for MLR use only)	0	76,020	203,948	0	0	0	0	0	0	0	0	37	280,004	0	280,004
5. 5.0 Total Incurred Claims (Lines 2.1 + 2.2 - 2.3 + 3) (From Part 2, Line 2.15)	2,072,536	242,019,009	472,500,494	0	0	0	0	0	0	0	181,663,154	41,797,440	940,052,634	XXX	940,052,634
5.1 Net Assumed less Ceded reinsurance claims incurred	0	0	(47,669,729)	0	0	0	0	0	0	0	(1,302,228)	0	(48,971,957)	XXX	(48,971,957)
5.2 Other Adjustments due to MLR calculations - Claims	0	0	0	0	0	0	0	0	0	0	0	0	0	XXX	0
5.3 Rebates paid	0	0	0	0	0	0	0	0	0	XXX	XXX	0	0	XXX	0
5.4 Estimated rebates unpaid prior year	0	0	0	0	0	0	0	0	0	XXX	XXX	0	0	XXX	0
5.5 Estimated rebates unpaid current year	0	0	0	0	0	0	0	0	0	XXX	XXX	0	0	XXX	0
5.6 Fee for service and co-pay revenue	0	0	0	0	0	0	0	0	0	0	0	0	0	XXX	0
5.7 Net incurred claims after reinsurance (Lines 5.0 + 5.1 + 5.2 + 5.3 - 5.4 + 5.5 - 5.6)	2,072,536	242,019,009	424,830,765	0	0	0	0	0	0	0	180,360,926	41,797,440	891,080,677	XXX	891,080,677
6. Improving Health Care Quality Expenses Incurred:															
6.1 Improve health outcomes	19,734	2,826,945	4,576,764	0	0	0	0	0	0	0	579,554	95,923	8,098,919	4,537	8,103,456
6.2 Activities to prevent hospital readmissions	0	0	0	0	0	0	0	0	0	0	158,550	27,977	186,527	(31)	186,496
6.3 Improve patient safety and reduce medical errors	0	0	0	0	0	0	0	0	0	0	129,351	203,088	332,439	14,721	347,160
6.4 Wellness and health promotion activities	0	0	0	0	0	0	0	0	0	0	1,223,394	(36,259)	1,187,135	(3,404)	1,183,731
6.5 Health Information Technology expenses related to health improvement	0	0	0	0	0	0	0	0	0	0	95,986	210,182	306,168	8,829	314,997
6.6 Total of Defined Expenses Incurred for Improving Health Care Quality (Lines 6.1+6.2+6.3+6.4+6.5)	19,734	2,826,945	4,576,764	0	0	0	0	0	0	0	2,186,835	500,911	10,111,188	24,652	10,135,840
7. Preliminary Medical Loss Ratio: MLR ((Lines 4 + 5.0 + 6.6 - Footnote 2.0)/Line 1.8	0.879	0.747	0.876	0.000	0.000	0.000	0.000	0.000	0.000	XXX	XXX	0.765	XXX	XXX	XXX
8. Claims Adjustment Expenses:															
8.1 Cost containment expenses not included in quality of care expenses in Line 6.6	24,935	3,402,293	5,988,002	0	0	0	0	0	0	0	458,173	1,155,673	11,029,076	23,644	11,052,721
8.2 All other claims adjustment expenses	39,218	4,922,975	8,363,660	0	0	0	0	0	0	0	3,098,288	4,182,229	20,606,371	292,719	20,899,090
8.3 Total claims adjustment expenses (Lines 8.1 + 8.2)	64,154	8,325,269	14,351,662	0	0	0	0	0	0	0	3,556,460	5,337,902	31,635,447	316,363	31,951,810
9. Claims Adjustment Expense Ratio (Line 8.3/Line 1.8)	0.027	0.025	0.026	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.016	0.097	XXX	XXX	XXX

SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 1 (Continued)

	Business Subject to MLR									10	11	12	13	14	15
	Comprehensive Health Coverage			Mini-Med Plans			Expatriate Plans		9						
	1 Individual	2 Small Group Employer	3 Large Group Employer	4 Individual	5 Small Group Employer	6 Large Group Employer	7 Small Group	8 Large Group	Student Health Plans	Government Business (excluded by statute)	Other Health Business	Medicare Advantage Part C and Medicare Part D Stand-Alone Subject to ACA	Subtotal (Cols. 1 through 12)	Uninsured Plans	Total 13 + 14
10. General and Administrative (G&A) Expenses:															
10.1 Direct sales salaries and benefits	8,947	1,177,845	2,469,909	0	0	0	0	0	0	0	629,644	141,032	4,427,377	8,593	4,435,970
10.2 Agents and brokers fees and commissions	63,169	9,553,383	2,714,577	0	0	0	0	0	0	0	9,302,748	962,796	22,596,673	0	22,596,673
10.3 Other taxes (excluding taxes on Lines 1.5 through 1.7 and Line 14 below)	101	210,193	664,443	0	0	0	0	0	0	0	412,030	117,207	1,403,974	1,365	1,405,339
10.4 Other general and administrative expenses	124,139	14,681,407	17,573,568	0	0	0	0	0	0	0	17,829,809	3,481,801	53,690,723	37,195	53,727,918
10.4a Community Benefit Expenditures (informational only)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
10.5 Total general and administrative (Lines 10.1 +10.2 + 10.3 + 10.4)	196,356	25,622,828	23,422,497	0	0	0	0	0	0	0	28,174,231	4,702,836	82,118,748	47,152	82,165,900
11. Underwriting Gain/(Loss) (Lines 1.12 - 5.7 - 6.6 - 8.3 - 10.5)	29,029	49,350,956	18,463,736	0	0	0	0	0	0	486,119	12,714,824	5,283,395	86,328,059	XXX	85,923,699
12. Income from fees of uninsured plans	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	469,122	469,122
13. Net investment and other gain/(loss)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	17,842,215	XXX	17,842,215
14. Federal income taxes (excluding taxes on Line 1.5 above)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1,035,796	XXX	1,035,796
15. Net gain or (loss) (Lines 11 + 12 + 13 - 14)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	103,134,478	XXX	103,199,240
16. ICD-10 Implementation Expenses (informational only; already included in general expenses and line 10.4)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
16. 16a ICD-10 Implementation Expenses (informational only; already included in line 10.4)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
OTHER INDICATORS:															
1. Number of certificates/policies	213	29,370	55,010	0	0	0	0	0	0	0	244,955	61,420	390,968	3,819	394,787
2. Number of Covered Lives	422	55,638	106,299	0	0	0	0	0	0	5	425,945	61,420	649,729	3,819	653,548
3. Number of Groups	XXX	4,404	1,359	XXX	0	0	0	0	0	0	3,347	5	9,115	3	9,118
4. Member Months	5,007	662,140	1,360,958	0	0	0	0	0	0	50	5,322,475	749,313	8,099,943	45,665	8,145,608

Is run off business reported in Columns 1 through 9 or 12? Yes [ ] No [ ] If yes, show the amount of premiums and claims included. Premiums $ 0 Claims $ 0

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AFFORDABLE CARE ACT (ACA) RECEIPTS, PAYMENTS, RECEIVABLES and PAYABLES

	Current Year Comprehensive Health Coverage		Prior Year Comprehensive Health Coverage	
	1 Individual Plans	2 Small Group Employer Plans	3 Individual Plans	4 Small Group Employer Plans
ACA Receivables and Payables				
1. Permanent ACA Risk Adjustment Program 1.0 Premium adjustments receivable/(payable)	(331,224)	11,635,771	154,841	8,341,916
2. Transitional ACA Reinsurance Program 2.0 Total amounts recoverable for claims (paid & unpaid)	0	XXX	0	XXX
3. Temporary ACA Risk Corridors Program 3.1 Accrued retrospective premium	0	0	0	0
3.2 Reserve for rate credits or policy experience refunds	0	0	0	0
ACA Receipts and Payments				
4. Permanent ACA Risk Adjustment Program 4.0 Premium adjustments receipts/(payments)	162,783	13,017,835	(255,978)	12,292,552
5. Transitional ACA Reinsurance Program 5.0 Amounts received for claims	0	XXX	0	XXX
6. Temporary ACA Risk Corridors Program 6.1 Retrospective premium received	0	0	0	0
6.2 Rate credits or policy experience refunds paid	0	0	0	0

SUPPLEMENT FOR THE YEAR 2018 OF THE UnitedHealthcare Insurance Company

SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 2

(To Be Filed by April 1 - Not for Rebate Purposes)

REPORT FOR: 1. CORPORATION UnitedHealthcare Insurance Company 2. 185 Asylum Street Hartford, CT 061033408 (LOCATION)

NAIC Group Code 0707 BUSINESS IN THE STATE OF Wisconsin DURING THE YEAR 2018 NAIC Company Code 79413

	Business Subject to MLR												
	Comprehensive Health Coverage			Mini-Med Plans			Expatriate Plans:		9	10	11	12	13
	1 Individual	2 Small Group Employer	3 Large Group Employer	4 Individual	5 Small Group Employer	6 Large Group Employer	7 Small Group	8 Large Group	Student Health Plans	Government Business (excluded by statute)	Other Health Business	Medicare Advantage Part C and Medicare Part D Stand-Alone Subject to ACA	Total (a)
1. Health Premiums Earned:													
1.1 Direct premiums written	2,466,764	353,423,416	572,774,748	0	0	0	0	0	0	6,243	237,921,936	58,353,232	1,224,946,338
1.2 Unearned premium prior year	0	56,463	25,725	0	0	0	0	0	0	0	5,093	0	87,281
1.3 Unearned premium current year	0	56,802	30,214	0	0	0	0	0	0	0	13,029	0	100,045
1.4 Change in unearned premium (Lines 1.2 - 1.3)	0	(339)	(4,489)	0	0	0	0	0	0	0	(7,936)	0	(12,763)
1.5 Paid rate credits	469	0	141,302	0	0	0	0	0	0	0	1,349,238	3,435,910	4,926,919
1.6 Reserve for rate credits current year	0	0	(126,164)	0	0	0	0	0	0	0	1,345,416	2,393,496	3,612,748
1.7 Reserve for rate credits prior year	0	0	97,330	0	0	0	0	0	0	0	1,523,703	3,842,647	5,463,680
1.8 Change in reserve for rate credits (Lines 1.6 - 1.7)	0	0	(223,494)	0	0	0	0	0	0	0	(178,287)	(1,449,150)	(1,850,932)
1.9 Premium balances written off	0	54,987	674,816	0	0	0	0	0	0	0	1,621	353,436	1,084,860
1.10 Group conversion charge	0	0	0	0	0	0	0	0	0	0	0	0	0
1.11 Total direct premiums earned (Lines 1.1 + 1.4 - 1.9 + 1.10)	2,466,764	353,368,090	572,095,444	0	0	0	0	0	0	6,243	237,912,379	57,999,796	1,223,848,715
1.12 Assumed premiums earned from non-affiliates	0	0	0	0	0	0	0	0	0	0	0	0	0
1.13 Net Assumed less Ceded premiums earned from affiliates	243	84,350	209,089	0	0	0	0	0	0	600,832	0	1,995,058	2,889,573
1.14 Ceded premiums earned to non-affiliates	0	0	59,865,604	0	0	0	0	0	0	0	1,409,231	0	61,274,835
1.15 Other Adjustments due to MLR calculation - Premiums	0	54,987	674,816	0	0	0	0	0	0	0	1,621	353,436	1,084,860
1.16 Net premiums earned (Lines 1.11 - 1.5 - 1.8 + 1.12 + 1.13 - 1.14 + 1.15)	2,466,538	353,507,427	513,195,937	0	0	0	0	0	0	607,075	235,333,819	58,361,531	1,163,472,326
2. Direct Claims Incurred:													
2.1 Paid claims during the year	2,087,475	246,728,904	473,993,678	0	0	0	0	0	0	(808,401)	179,467,876	42,995,366	944,464,898
2.2 Direct claim liability current year	363	34,458,072	50,563,359	0	0	0	0	0	0	621,467	19,525,545	894,571	106,063,376
2.3 Direct claim liability prior year	15,771	39,171,760	51,981,816	0	0	0	0	0	0	(186,935)	19,686,378	2,954,630	113,623,419
2.4 Direct claim reserves current year	0	1,676,441	241,964	0	0	0	0	0	0	0	17,697,233	0	19,615,638
2.5 Direct claim reserves prior year	0	1,226,103	715,108	0	0	0	0	0	0	0	16,513,871	0	18,455,081
2.6 Direct contract reserves current year	0	0	0	0	0	0	0	0	0	0	112,749	0	112,749
2.7 Direct contract reserves prior year	0	0	0	0	0	0	0	0	0	0	103,247	0	103,247
2.8 Paid rate credits	469	0	141,302	0	0	0	0	0	0	0	1,349,238	3,435,910	4,926,919
2.9 Reserve for rate credits current year	0	0	(126,164)	0	0	0	0	0	0	0	1,345,416	2,393,496	3,612,748
2.10 Reserve for rate credits prior year	0	0	97,330	0	0	0	0	0	0	0	1,523,703	3,842,647	5,463,680
2.11 Incurred medical incentive pools and bonuses (Lines 2.11a + 2.11b - 2.11c)	0	13,717	(959,303)	0	0	0	0	0	0	0	0	(1,648)	(947,235)
2.11a Paid medical incentive pools and bonuses current year	0	14,199	45,058	0	0	0	0	0	0	0	0	(1,648)	57,609
2.11b Accrued medical incentive pools and bonuses current year	0	244,310	447,100	0	0	0	0	0	0	0	0	107,770	799,180
2.11c Accrued medical incentive pools and bonuses prior year	0	244,793	1,451,462	0	0	0	0	0	0	0	0	107,770	1,804,024
2.12 Net healthcare receivables (Lines 2.12a - 2.12b)	0	460,263	(1,439,913)	0	0	0	0	0	0	0	7,703	1,122,978	151,032
2.12a Healthcare receivables current year	0	8,060,479	10,504,303	0	0	0	0	0	0	0	10,067	16,392,848	34,967,698
2.12b Healthcare receivables prior year	0	7,600,216	11,944,216	0	0	0	0	0	0	0	2,363	15,269,870	34,816,666
2.13 Group conversion charge	0	0	0	0	0	0	0	0	0	0	0	0	0
2.14 Multi-option coverage blended rate adjustment	0	0	0	0	0	0	0	0	0	0	0	0	0
2.15 Total incurred claims (Lines 2.1 + 2.2 - 2.3 + 2.4 - 2.5 + 2.6 - 2.7 + 2.8 + 2.9 - 2.10 + 2.11 - 2.12 + 2.13 + 2.14)	2,072,536	242,019,009	472,500,494	0	0	0	0	0	0	0	181,663,154	41,797,440	940,052,634
2.16 Assumed incurred claims from non-affiliates	0	0	0	0	0	0	0	0	0	0	0	0	0
2.17 Net assumed less ceded incurred claims from affiliates	0	0	0	0	0	0	0	0	0	0	0	0	0
2.18 Ceded incurred claims to non-affiliates	0	0	47,669,729	0	0	0	0	0	0	0	1,302,228	0	48,971,957
2.19 Other adjustments due to MLR calculation - Claims	0	0	0	0	0	0	0	0	0	0	0	0	0
2.20 Net Incurred Claims (Lines 2.15 - 2.8 - 2.9 + 2.10 + 2.16 + 2.17 - 2.18 + 2.19)	2,072,067	242,019,009	424,912,958	0	0	0	0	0	0	0	179,189,975	39,810,681	888,004,690
3. Fraud and Abuse Recoveries that Reduced PAID Claims in Line 2.1 above (informational only)	0	76,020	203,948	0	0	0	0	0	0	0	0	33,272	313,239

(a) Column 13, Line 1.1 includes direct written premium of $ 18,386,236 for stand-alone dental and $ 11,606,631 for stand-alone vision policies.

SUPPLEMENT FOR THE YEAR 2018 OF THE UnitedHealthcare Insurance Company

SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 3

(To Be Filed by April 1 - Not for Rebate Purposes)

REPORT FOR: 1. CORPORATION UnitedHealthcare Insurance Company 2. 185 Asylum Street Hartford, CT 061033408 (LOCATION)

NAIC Group Code 0707 BUSINESS IN THE STATE OF Wisconsin DURING THE YEAR 2018 NAIC Company Code 79413

	All Expenses	Improving Health Care Quality Expenses						Claims Adjustment Expenses		9	10
		1 Improve Health Outcomes	2 Activities to Prevent Hospital Readmissions	3 Improve Patient Safety and Reduce Medical Errors	4 Wellness & Health Promotion Activities	5 HIT Expenses	6 Total (1 to 5)	7 Cost Containment Expenses	8 Other Claims Adjustment Expenses	General Administrative Expenses	Total Expenses (6 to 9)
1.	Individual Comprehensive Coverage Expenses:										
	1.1 Salaries (including $ 61,867 for affiliated services)	0	0	0	0	0	0	6,999	11,131	43,737	61,867
	1.2 Outsourced Services	0	0	0	0	0	0	802	1,276	4,024	6,102
	1.3 EDP Equipment and Software (incl $ 4,446 for affiliated services)	0	0	0	0	0	0	584	930	2,932	4,446
	1.4 Other Equipment (excl. EDP) (incl $ 427 for affiliated services)	0	0	0	0	0	0	56	89	281	427
	1.5 Accreditation and Certification (incl $ 46 for affiliated services)	0	XXX	XXX	XXX	XXX	0	6	10	31	46
	1.6 Other Expenses (incl $ 139,859 for affiliated services)	19,734	0	0	0	0	19,734	15,654	24,895	144,618	204,901
	1.7 Subtotal before Reimbursements and Taxes (Lines 1.1 to 1.6)	19,734	0	0	0	0	19,734	24,101	38,330	195,623	277,789
	1.8 Reimbursements by uninsured plans and fiscal intermediaries	0	0	0	0	0	0	0	0	0	0
	1.9 Taxes, Licenses and Fees (in total, for tying purposes)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	44,245	44,245
	1.10 Total (1.7 to 1.9)	19,734	0	0	0	0	19,734	24,101	38,330	239,868	322,033
	1.11 Total Fraud and Abuse Detection/Recovery Expenses included in Column 7 (informational only)	0	0	0	0	0	0	7,198	0	0	7,198
2.	Small Group Comprehensive Coverage Expenses:										
	2.1 Salaries (including $ 12,074,307 for affiliated services)	0	0	0	0	0	0	1,520,862	2,327,139	8,226,307	12,074,307
	2.2 Outsourced Services	0	0	0	0	0	0	247,292	266,695	771,148	1,285,135
	2.3 EDP Equipment and Software (incl $ 850,019 for affiliated services)	0	0	0	0	0	0	126,999	194,327	528,693	850,019
	2.4 Other Equipment (excl. EDP) (incl $ 81,592 for affiliated services)	0	0	0	0	0	0	12,190	18,653	50,748	81,592
	2.5 Accreditation and Certification (incl $ 8,859 for affiliated services)	0	XXX	XXX	XXX	XXX	0	1,324	2,025	5,510	8,859
	2.6 Other Expenses (incl $ 11,890,183 for affiliated services)	2,826,945	0	0	0	0	2,826,945	1,383,830	1,997,240	15,746,926	21,954,941
	2.7 Subtotal before Reimbursements and Taxes (Lines 2.1 to 2.6)	2,826,945	0	0	0	0	2,826,945	3,292,497	4,806,079	25,329,332	36,254,853
	2.8 Reimbursements by uninsured plans and fiscal intermediaries	0	0	0	0	0	0	0	0	0	0
	2.9 Taxes, Licenses and Fees (in total, for tying purposes)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	5,507,988	5,507,988
	2.10 Total (2.7 to 2.9)	2,826,945	0	0	0	0	2,826,945	3,292,497	4,806,079	30,837,320	41,762,841
	2.11 Total Fraud and Abuse Detection/Recovery Expenses included in Column 7 (informational only)	0	0	0	0	0	0	947,901	0	0	947,901
3.	Large Group Comprehensive Coverage Expenses:										
	3.1 Salaries (including $ 7,630,850 for affiliated services)	0	0	0	0	0	0	1,026,462	1,444,199	5,160,190	7,630,850
	3.2 Outsourced Services	0	0	0	0	0	0	187,350	165,508	432,238	785,096
	3.3 EDP Equipment and Software (incl $ 501,803 for affiliated services)	0	0	0	0	0	0	85,714	120,597	295,491	501,803
	3.4 Other Equipment (excl. EDP) (incl $ 48,167 for affiliated services)	0	0	0	0	0	0	8,228	11,576	28,364	48,167
	3.5 Accreditation and Certification (incl $ 5,230 for affiliated services)	0	XXX	XXX	XXX	XXX	0	893	1,257	3,080	5,230
	3.6 Other Expenses (incl $ 33,167,070 for affiliated services)	4,576,764	0	0	0	0	4,576,764	4,482,358	6,437,607	16,672,948	32,169,676
	3.7 Subtotal before Reimbursements and Taxes (Lines 3.1 to 3.6)	4,576,764	0	0	0	0	4,576,764	5,791,005	8,180,744	22,592,311	41,140,823
	3.8 Reimbursements by uninsured plans and fiscal intermediaries	0	0	0	0	0	0	0	0	0	0
	3.9 Taxes, Licenses and Fees (in total, for tying purposes)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	9,247,410	9,247,410
	3.10 Total (3.7 to 3.9)	4,576,764	0	0	0	0	4,576,764	5,791,005	8,180,744	31,839,721	50,388,233
	3.11 Total Fraud and Abuse Detection/Recovery Expenses included in Column 7 (informational only)	0	0	0	0	0	0	1,779,980	0	0	1,779,980

SUPPLEMENT FOR THE YEAR 2018 OF THE UnitedHealthcare Insurance Company

SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 3 (Continued)

	All Expenses	Improving Health Care Quality Expenses						Claims Adjustment Expenses		9	10
		1 Improve Health Outcomes	2 Activities to Prevent Hospital Readmissions	3 Improve Patient Safety and Reduce Medical Errors	4 Wellness & Health Promotion Activities	5 HIT Expenses	6 Total (1 to 5)	7 Cost Containment Expenses	8 Other Claims Adjustment Expenses	General Administrative Expenses	Total Expenses (6 to 9)
4.	Individual Mini-Med Plans Expenses:										
	4.1 Salaries (including $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	4.2 Outsourced Services	0	0	0	0	0	0	0	0	0	0
	4.3 EDP Equipment and Software (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	4.4 Other Equipment (excl. EDP) (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	4.5 Accreditation and Certification (incl $ 0 for affiliated services)	0	XXX	XXX	XXX	XXX	0	0	0	0	0
	4.6 Other Expenses (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	4.7 Subtotal before Reimbursements and Taxes (Lines 4.1 to 4.6)	0	0	0	0	0	0	0	0	0	0
	4.8 Reimbursements by uninsured plans and fiscal intermediaries	0	0	0	0	0	0	0	0	0	0
	4.9 Taxes, Licenses and Fees (in total, for tying purposes)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0
	4.10 Total (4.7 to 4.9)	0	0	0	0	0	0	0	0	0	0
	4.11 Total Fraud and Abuse Detection/Recovery Expenses included in Column 7 (informational only)	0	0	0	0	0	0	0	0	0	0
5.	Small Group Mini-Med Plans Expenses:										
	5.1 Salaries (including $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	5.2 Outsourced Services	0	0	0	0	0	0	0	0	0	0
	5.3 EDP Equipment and Software (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	5.4 Other Equipment (excl. EDP) (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	5.5 Accreditation and Certification (incl $ 0 for affiliated services)	0	XXX	XXX	XXX	XXX	0	0	0	0	0
	5.6 Other Expenses (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	5.7 Subtotal before Reimbursements and Taxes (Lines 5.1 to 5.6)	0	0	0	0	0	0	0	0	0	0
	5.8 Reimbursements by uninsured plans and fiscal intermediaries	0	0	0	0	0	0	0	0	0	0
	5.9 Taxes, Licenses and Fees (in total, for tying purposes)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0
	5.10 Total (5.7 to 5.9)	0	0	0	0	0	0	0	0	0	0
	5.11 Total Fraud and Abuse Detection/Recovery Expenses included in Column 7 (informational only)	0	0	0	0	0	0	0	0	0	0
6.	Large Group Mini-Med Plans Expenses:										
	6.1 Salaries (including $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	6.2 Outsourced Services	0	0	0	0	0	0	0	0	0	0
	6.3 EDP Equipment and Software (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	6.4 Other Equipment (excl. EDP) (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	6.5 Accreditation and Certification (incl $ 0 for affiliated services)	0	XXX	XXX	XXX	XXX	0	0	0	0	0
	6.6 Other Expenses (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	6.7 Subtotal before Reimbursements and Taxes (Lines 6.1 to 6.6)	0	0	0	0	0	0	0	0	0	0
	6.8 Reimbursements by uninsured plans and fiscal intermediaries	0	0	0	0	0	0	0	0	0	0
	6.9 Taxes, Licenses and Fees (in total, for tying purposes)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0
	6.10 Total (6.7 to 6.9)	0	0	0	0	0	0	0	0	0	0
	6.11 Total Fraud and Abuse Detection/Recovery Expenses included in Column 7 (informational only)	0	0	0	0	0	0	0	0	0	0

SUPPLEMENT FOR THE YEAR 2018 OF THE UnitedHealthcare Insurance Company

SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 3 (Continued)

	All Expenses	Improving Health Care Quality Expenses						Claims Adjustment Expenses		9	10
		1 Improve Health Outcomes	2 Activities to Prevent Hospital Readmissions	3 Improve Patient Safety and Reduce Medical Errors	4 Wellness & Health Promotion Activities	5 HIT Expenses	6 Total (1 to 5)	7 Cost Containment Expenses	8 Other Claims Adjustment Expenses	General Administrative Expenses	Total Expenses (6 to 9)
7.	Small Group Expatriate Plans Expenses:										
	7.1 Salaries (including $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	7.2 Outsourced Services	0	0	0	0	0	0	0	0	0	0
	7.3 EDP Equipment and Software (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	7.4 Other Equipment (excl. EDP) (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	7.5 Accreditation and Certification (incl $ 0 for affiliated services)	0	XXX	XXX	XXX	XXX	0	0	0	0	0
	7.6 Other Expenses (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	7.7 Subtotal before Reimbursements and Taxes (Lines 7.1 to 7.6)	0	0	0	0	0	0	0	0	0	0
	7.8 Reimbursements by uninsured plans and fiscal intermediaries	0	0	0	0	0	0	0	0	0	0
	7.9 Taxes, Licenses and Fees (in total, for tying purposes)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0
	7.10 Total (7.7 to 7.9)	0	0	0	0	0	0	0	0	0	0
	7.11 Total Fraud and Abuse Detection/Recovery Expenses included in Column 7 (informational only)	0	0	0	0	0	0	0	0	0	0
8.	Large Group Expatriate Plans Expenses:										
	8.1 Salaries (including $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	8.2 Outsourced Services	0	0	0	0	0	0	0	0	0	0
	8.3 EDP Equipment and Software (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	8.4 Other Equipment (excl. EDP) (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	8.5 Accreditation and Certification (incl $ 0 for affiliated services)	0	XXX	XXX	XXX	XXX	0	0	0	0	0
	8.6 Other Expenses (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	8.7 Subtotal before Reimbursements and Taxes (Lines 8.1 to 8.6)	0	0	0	0	0	0	0	0	0	0
	8.8 Reimbursements by uninsured plans and fiscal intermediaries	0	0	0	0	0	0	0	0	0	0
	8.9 Taxes, Licenses and Fees (in total, for tying purposes)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0
	8.10 Total (8.7 to 8.9)	0	0	0	0	0	0	0	0	0	0
	8.11 Total Fraud and Abuse Detection/Recovery Expenses included in Column 7 (informational only)	0	0	0	0	0	0	0	0	0	0
9.	Student Health Plans Expenses:										
	9.1 Salaries (including $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	9.2 Outsourced Services	0	0	0	0	0	0	0	0	0	0
	9.3 EDP Equipment and Software (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	9.4 Other Equipment (excl. EDP) (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	9.5 Accreditation and Certification (incl $ 0 for affiliated services)	0	XXX	XXX	XXX	XXX	0	0	0	0	0
	9.6 Other Expenses (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	9.7 Subtotal before Reimbursements and Taxes (Lines 9.1 to 9.6)	0	0	0	0	0	0	0	0	0	0
	9.8 Reimbursements by uninsured plans and fiscal intermediaries	0	0	0	0	0	0	0	0	0	0
	9.9 Taxes, Licenses and Fees (in total, for tying purposes)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0
	9.10 Total (9.7 to 9.9)	0	0	0	0	0	0	0	0	0	0
	9.11 Total Fraud and Abuse Detection/Recovery Expenses included in Column 7 (informational only)	0	0	0	0	0	0	0	0	0	0

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SUPPLEMENT FOR THE YEAR 2018 OF THE UnitedHealthcare Insurance Company

SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 1

(To Be Filed by April 1 - Not for Rebate Purposes - See Cautionary Statement at http://www.naic.org/documents/committees_e_app_blanks_related_shce_cautionary_statement.pdf)

REPORT FOR: 1. CORPORATION UnitedHealthcare Insurance Company 2. 185 Asylum Street Hartford, CT 061033408 (LOCATION)

NAIC Group Code 0707 BUSINESS IN THE STATE OF Wyoming DURING THE YEAR 2018 NAIC Company Code 79413

	Business Subject to MLR								9	10	11	12	13	14	15
	Comprehensive Health Coverage			Mini-Med Plans			Expatriate Plans								
	1 Individual	2 Small Group Employer	3 Large Group Employer	4 Individual	5 Small Group Employer	6 Large Group Employer	7 Small Group	8 Large Group	Student Health Plans	Government Business (excluded by statute)	Other Health Business	Medicare Advantage Part C and Medicare Part D Stand-Alone Subject to ACA	Subtotal (Cols. 1 through 12)	Uninsured Plans	Total 13 + 14
1. Premium:															
1.1 Health premiums earned (From Part 2, Line 1.11)	237,015	17,547,849	11,793,686	0	0	0	0	0	0	0	35,641,353	25,595,573	90,815,477	XXX	90,815,477
1.2 Federal high risk pools	0	0	0	0	0	0	0	0	0	0	0	0	0	XXX	0
1.3 State high risk pools	(272)	(13,431)	(1,117)	0	0	0	0	0	0	0	4,201	0	(10,619)	XXX	(10,619)
1.4 Premiums earned including state and federal high risk programs (Lines 1.1 + 1.2 + 1.3)	236,744	17,534,418	11,792,569	0	0	0	0	0	0	0	35,645,554	25,595,573	90,804,858	XXX	90,804,858
1.5 Federal taxes and federal assessments	1,558	735,219	319,542	0	0	0	0	0	0	0	266,678	774,794	2,097,791	0	2,097,791
1.6 State insurance, premium and other taxes (Similar local taxes of $ 8,863)	(86)	200,472	124,016	0	0	0	0	0	0	0	557,141	2,878	884,420	0	884,420
1.6a Community Benefit Expenditures (informational only)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
1.7 Regulatory authority licenses and fees	54	170	10	0	0	0	0	0	0	0	(8,401)	0	(8,167)	0	(8,167)
1.8 Adjusted Premiums Earned (Lines 1.4 - 1.5 - 1.6 - 1.7)	235,217	16,598,558	11,349,000	0	0	0	0	0	0	0	34,830,137	24,817,901	87,830,813	XXX	87,830,813
1.9 Net Assumed less Ceded reinsurance premiums earned	0	0	(1,496,052)	0	0	0	0	0	0	0	(1,796)	0	(1,497,849)	XXX	(1,497,849)
1.10 Other Adjustments due to MLR calculations - Premiums	0	5,130	0	0	0	0	0	0	0	0	0	107,133	112,263	XXX	112,263
1.11 Risk Revenue	0	0	0	0	0	0	0	0	0	0	0	0	0	XXX	0
1.12 Net adjusted premiums earned after reinsurance (Lines 1.8 + 1.9 + 1.10 + 1.11)	235,217	16,603,689	9,852,948	0	0	0	0	0	0	0	34,828,340	24,925,034	86,445,228	XXX	86,445,228
2. Claims:															
2.1 Incurred claims excluding prescription drugs	145,797	12,673,081	9,469,654	0	0	0	0	0	0	0	28,004,609	17,357,840	67,650,981	XXX	67,650,981
2.2 Prescription drugs	131,830	1,566,288	1,710,228	0	0	0	0	0	0	0	34,387	9,029,605	12,472,339	XXX	12,472,339
2.3 Pharmaceutical rebates	41,141	550,257	569,106	0	0	0	0	0	0	0	10,634	4,973,333	6,144,471	XXX	6,144,471
2.4 State stop loss, market stabilization and claim/census based assessments (informational only)	0	1,055	14	0	0	0	0	0	0	0	0	0	1,069	XXX	1,069
3. Incurred medical incentive pools and bonuses	0	491	1,598	0	0	0	0	0	0	0	0	0	2,090	XXX	2,090
4. Deductible Fraud and Abuse Detection/Recovery Expenses (for MLR use only)	0	47	65	0	0	0	0	0	0	0	0	1,347	1,459	0	1,459
5. 5.0 Total Incurred Claims (Lines 2.1 + 2.2 - 2.3 + 3) (From Part 2, Line 2.15)	236,486	13,689,603	10,612,374	0	0	0	0	0	0	0	28,028,362	21,414,112	73,980,938	XXX	73,980,938
5.1 Net Assumed less Ceded reinsurance claims incurred	0	0	(1,468,093)	0	0	0	0	0	0	0	(387)	0	(1,468,480)	XXX	(1,468,480)
5.2 Other Adjustments due to MLR calculations - Claims	0	0	0	0	0	0	0	0	0	0	0	0	0	XXX	0
5.3 Rebates paid	0	0	0	0	0	0	0	0	0	XXX	XXX	0	0	XXX	0
5.4 Estimated rebates unpaid prior year	0	0	0	0	0	0	0	0	0	XXX	XXX	0	0	XXX	0
5.5 Estimated rebates unpaid current year	0	0	0	0	0	0	0	0	0	XXX	XXX	0	0	XXX	0
5.6 Fee for service and co-pay revenue	0	0	0	0	0	0	0	0	0	0	0	0	0	XXX	0
5.7 Net incurred claims after reinsurance (Lines 5.0 + 5.1 + 5.2 + 5.3 - 5.4 + 5.5 - 5.6)	236,486	13,689,603	9,144,282	0	0	0	0	0	0	0	28,027,975	21,414,112	72,512,459	XXX	72,512,459
6. Improving Health Care Quality Expenses Incurred:															
6.1 Improve health outcomes	1,896	140,383	94,349	0	0	0	0	0	0	0	181,781	113,274	531,683	0	531,683
6.2 Activities to prevent hospital readmissions	0	0	0	0	0	0	0	0	0	0	133,834	36,264	170,098	0	170,098
6.3 Improve patient safety and reduce medical errors	0	0	0	0	0	0	0	0	0	0	99,633	26,429	126,062	0	126,062
6.4 Wellness and health promotion activities	0	0	0	0	0	0	0	0	0	0	280,047	(920)	279,126	0	279,126
6.5 Health Information Technology expenses related to health improvement	0	0	0	0	0	0	0	0	0	0	35,021	67,318	102,338	0	102,338
6.6 Total of Defined Expenses Incurred for Improving Health Care Quality (Lines 6.1+6.2+6.3+6.4+6.5)	1,896	140,383	94,349	0	0	0	0	0	0	0	730,315	242,364	1,209,307	0	1,209,307
7. Preliminary Medical Loss Ratio: MLR ((Lines 4 + 5.0 + 6.6 - Footnote 2.0)/Line 1.8	1.013	0.833	0.943	0.000	0.000	0.000	0.000	0.000	0.000	XXX	XXX	0.873	XXX	XXX	XXX
8. Claims Adjustment Expenses:															
8.1 Cost containment expenses not included in quality of care expenses in Line 6.6	1,640	155,276	107,082	0	0	0	0	0	0	0	12,342	90,782	367,122	0	367,122
8.2 All other claims adjustment expenses	3,067	222,489	138,712	0	0	0	0	0	0	0	523,474	358,278	1,246,021	0	1,246,021
8.3 Total claims adjustment expenses (Lines 8.1 + 8.2)	4,707	377,765	245,795	0	0	0	0	0	0	0	535,816	449,060	1,613,143	0	1,613,143
9. Claims Adjustment Expense Ratio (Line 8.3/Line 1.8)	0.020	0.023	0.022	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.015	0.018	XXX	XXX	XXX

SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 1 (Continued)

	Business Subject to MLR									10	11	12	13	14	15
	Comprehensive Health Coverage			Mini-Med Plans			Expatriate Plans		9						
	1 Individual	2 Small Group Employer	3 Large Group Employer	4 Individual	5 Small Group Employer	6 Large Group Employer	7 Small Group	8 Large Group	Student Health Plans	Government Business (excluded by statute)	Other Health Business	Medicare Advantage Part C and Medicare Part D Stand-Alone Subject to ACA	Subtotal (Cols. 1 through 12)	Uninsured Plans	Total 13 + 14
10. General and Administrative (G&A) Expenses:															
10.1 Direct sales salaries and benefits	529	52,700	44,782	0	0	0	0	0	0	0	46,477	55,244	199,732	0	199,732
10.2 Agents and brokers fees and commissions	4,617	431,873	161,242	0	0	0	0	0	0	0	1,327,104	258,331	2,183,167	0	2,183,167
10.3 Other taxes (excluding taxes on Lines 1.5 through 1.7 and Line 14 below)	348	18,670	13,348	0	0	0	0	0	0	0	65,279	38,218	135,864	0	135,864
10.4 Other general and administrative expenses	22,847	589,969	278,131	0	0	0	0	0	0	0	3,531,641	1,173,751	5,596,339	0	5,596,339
10.4a Community Benefit Expenditures (informational only)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
10.5 Total general and administrative (Lines 10.1 +10.2 + 10.3 + 10.4)	28,341	1,093,212	497,504	0	0	0	0	0	0	0	4,970,501	1,525,544	8,115,102	0	8,115,102
11. Underwriting Gain/(Loss) (Lines 1.12 - 5.7 - 6.6 - 8.3 - 10.5)	(36,213)	1,302,726	(128,981)	0	0	0	0	0	0	0	563,733	1,293,953	2,995,217	XXX	2,995,217
12. Income from fees of uninsured plans	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0
13. Net investment and other gain/(loss)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1,173,553	XXX	1,173,553
14. Federal income taxes (excluding taxes on Line 1.5 above)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	68,204	XXX	68,204
15. Net gain or (loss) (Lines 11 + 12 + 13 - 14)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	4,100,566	XXX	4,100,566
16. ICD-10 Implementation Expenses (informational only; already included in general expenses and line 10.4)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
16. 16a ICD-10 Implementation Expenses (informational only; already included in line 10.4)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
OTHER INDICATORS:															
1. Number of certificates/policies	16	1,261	471	0	0	0	0	0	0	0	19,870	11,731	33,349	0	33,349
2. Number of Covered Lives	29	2,246	847	0	0	0	0	0	0	0	22,394	11,731	37,247	0	37,247
3. Number of Groups	XXX	262	17	XXX	0	0	0	0	0	0	91	0	370	0	370
4. Member Months	361	29,511	33,275	0	0	0	0	0	0	0	270,094	141,897	475,138	0	475,138

Is run off business reported in Columns 1 through 9 or 12? Yes [ ] No [ ] If yes, show the amount of premiums and claims included. Premiums $ 0 Claims $ 0

216-2.WY

AFFORDABLE CARE ACT (ACA) RECEIPTS, PAYMENTS, RECEIVABLES and PAYABLES

	Current Year Comprehensive Health Coverage		Prior Year Comprehensive Health Coverage	
	1 Individual Plans	2 Small Group Employer Plans	3 Individual Plans	4 Small Group Employer Plans
ACA Receivables and Payables				
1. Permanent ACA Risk Adjustment Program 1.0 Premium adjustments receivable/(payable)	83,094	665,780	287,580	332,734
2. Transitional ACA Reinsurance Program 2.0 Total amounts recoverable for claims (paid & unpaid)	0	XXX	0	XXX
3. Temporary ACA Risk Corridors Program 3.1 Accrued retrospective premium	0	0	0	0
3.2 Reserve for rate credits or policy experience refunds	0	0	0	0
ACA Receipts and Payments				
4. Permanent ACA Risk Adjustment Program 4.0 Premium adjustments receipts/(payments)	195,034	113,048	26,711	1,448,242
5. Transitional ACA Reinsurance Program 5.0 Amounts received for claims	0	XXX	0	XXX
6. Temporary ACA Risk Corridors Program 6.1 Retrospective premium received	0	0	0	0
6.2 Rate credits or policy experience refunds paid	0	0	0	0

SUPPLEMENT FOR THE YEAR 2018 OF THE UnitedHealthcare Insurance Company

SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 2

(To Be Filed by April 1 - Not for Rebate Purposes)

REPORT FOR: 1. CORPORATION UnitedHealthcare Insurance Company 2. 185 Asylum Street Hartford, CT 061033408 (LOCATION)

NAIC Group Code 0707 BUSINESS IN THE STATE OF Wyoming DURING THE YEAR 2018 NAIC Company Code 79413

	Business Subject to MLR												
	Comprehensive Health Coverage			Mini-Med Plans			Expatriate Plans:		9	10	11	12	13
	1 Individual	2 Small Group Employer	3 Large Group Employer	4 Individual	5 Small Group Employer	6 Large Group Employer	7 Small Group	8 Large Group	Student Health Plans	Government Business (excluded by statute)	Other Health Business	Medicare Advantage Part C and Medicare Part D Stand-Alone Subject to ACA	Total (a)
1. Health Premiums Earned:													
1.1 Direct premiums written	237,015	17,552,980	11,782,467	0	0	0	0	0	0	0	35,640,315	25,702,706	90,915,482
1.2 Unearned premium prior year	0	0	0	0	0	0	0	0	0	0	3,325	0	3,325
1.3 Unearned premium current year	0	0	(11,219)	0	0	0	0	0	0	0	2,287	0	(8,932)
1.4 Change in unearned premium (Lines 1.2 - 1.3)	0	0	11,219	0	0	0	0	0	0	0	1,038	0	12,258
1.5 Paid rate credits	(71,561)	0	(523)	0	0	0	0	0	0	0	(1,656,757)	0	(1,728,841)
1.6 Reserve for rate credits current year	0	0	0	0	0	0	0	0	0	0	13,191	88,504	101,695
1.7 Reserve for rate credits prior year	0	0	0	0	0	0	0	0	0	0	21,368	463,830	485,198
1.8 Change in reserve for rate credits (Lines 1.6 - 1.7)	0	0	0	0	0	0	0	0	0	0	(8,177)	(375,326)	(383,503)
1.9 Premium balances written off	0	5,130	0	0	0	0	0	0	0	0	0	107,133	112,263
1.10 Group conversion charge	0	0	0	0	0	0	0	0	0	0	0	0	0
1.11 Total direct premiums earned (Lines 1.1 + 1.4 - 1.9 + 1.10)	237,015	17,547,849	11,793,686	0	0	0	0	0	0	0	35,641,353	25,595,573	90,815,477
1.12 Assumed premiums earned from non-affiliates	0	0	0	0	0	0	0	0	0	0	0	0	0
1.13 Net Assumed less Ceded premiums earned from affiliates	0	0	0	0	0	0	0	0	0	0	0	0	0
1.14 Ceded premiums earned to non-affiliates	0	0	1,496,052	0	0	0	0	0	0	0	1,796	0	1,497,849
1.15 Other Adjustments due to MLR calculation - Premiums	0	5,130	0	0	0	0	0	0	0	0	0	107,133	112,263
1.16 Net premiums earned (Lines 1.11 - 1.5 - 1.8 + 1.12 + 1.13 - 1.14 + 1.15)	308,577	17,552,980	10,298,157	0	0	0	0	0	0	0	37,304,490	26,078,032	91,542,235
2. Direct Claims Incurred:													
2.1 Paid claims during the year	313,731	13,596,586	11,006,079	0	0	0	0	0	0	0	29,051,428	18,514,112	72,481,936
2.2 Direct claim liability current year	7,673	1,541,812	646,574	0	0	0	0	0	0	0	4,582,559	5,021,043	11,799,661
2.3 Direct claim liability prior year	4,035	1,459,109	1,232,799	0	0	0	0	0	0	0	4,081,274	2,567,421	9,344,638
2.4 Direct claim reserves current year	0	33,791	6,138	0	0	0	0	0	0	0	1,153,943	3,536	1,197,407
2.5 Direct claim reserves prior year	732	34,081	20,839	0	0	0	0	0	0	0	1,003,175	3,223	1,062,049
2.6 Direct contract reserves current year	25,694	0	0	0	0	0	0	0	0	0	58,082	0	83,776
2.7 Direct contract reserves prior year	33,818	0	0	0	0	0	0	0	0	0	65,133	0	98,951
2.8 Paid rate credits	(71,561)	0	(523)	0	0	0	0	0	0	0	(1,656,757)	0	(1,728,841)
2.9 Reserve for rate credits current year	0	0	0	0	0	0	0	0	0	0	13,191	88,504	101,695
2.10 Reserve for rate credits prior year	0	0	0	0	0	0	0	0	0	0	21,368	463,830	485,198
2.11 Incurred medical incentive pools and bonuses (Lines 2.11a + 2.11b - 2.11c)	0	491	1,598	0	0	0	0	0	0	0	0	0	2,090
2.11a Paid medical incentive pools and bonuses current year	0	198	702	0	0	0	0	0	0	0	0	0	900
2.11b Accrued medical incentive pools and bonuses current year	0	538	1,349	0	0	0	0	0	0	0	0	0	1,887
2.11c Accrued medical incentive pools and bonuses prior year	0	245	452	0	0	0	0	0	0	0	0	0	697
2.12 Net healthcare receivables (Lines 2.12a - 2.12b)	466	(10,113)	(206,146)	0	0	0	0	0	0	0	3,133	(821,391)	(1,034,051)
2.12a Healthcare receivables current year	466	257,677	72,972	0	0	0	0	0	0	0	3,133	2,591,935	2,926,184
2.12b Healthcare receivables prior year	0	267,790	279,118	0	0	0	0	0	0	0	0	3,413,326	3,960,235
2.13 Group conversion charge	0	0	0	0	0	0	0	0	0	0	0	0	0
2.14 Multi-option coverage blended rate adjustment	0	0	0	0	0	0	0	0	0	0	0	0	0
2.15 Total incurred claims (Lines 2.1 + 2.2 - 2.3 + 2.4 - 2.5 + 2.6 - 2.7 + 2.8 + 2.9 - 2.10 + 2.11 - 2.12 + 2.13 + 2.14)	236,486	13,689,603	10,612,374	0	0	0	0	0	0	0	28,028,362	21,414,112	73,980,938
2.16 Assumed incurred claims from non-affiliates	0	0	0	0	0	0	0	0	0	0	0	0	0
2.17 Net assumed less ceded incurred claims from affiliates	0	0	0	0	0	0	0	0	0	0	0	0	0
2.18 Ceded incurred claims to non-affiliates	0	0	1,468,093	0	0	0	0	0	0	0	387	0	1,468,480
2.19 Other adjustments due to MLR calculation - Claims	0	0	0	0	0	0	0	0	0	0	0	0	0
2.20 Net Incurred Claims (Lines 2.15 - 2.8 - 2.9 + 2.10 + 2.16 + 2.17 - 2.18 + 2.19)	308,048	13,689,603	9,144,805	0	0	0	0	0	0	0	29,692,909	21,789,438	74,624,803
3. Fraud and Abuse Recoveries that Reduced PAID Claims in Line 2.1 above (informational only)	0	47	65	0	0	0	0	0	0	0	0	1,347	1,459

(a) Column 13, Line 1.1 includes direct written premium of $ 287,867 for stand-alone dental and $ 89,361 for stand-alone vision policies.

SUPPLEMENT FOR THE YEAR 2018 OF THE UnitedHealthcare Insurance Company

SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 3

(To Be Filed by April 1 - Not for Rebate Purposes)

REPORT FOR: 1. CORPORATION UnitedHealthcare Insurance Company 2. 185 Asylum Street Hartford, CT 061033408 (LOCATION)

NAIC Group Code 0707 BUSINESS IN THE STATE OF Wyoming DURING THE YEAR 2018 NAIC Company Code 79413

	All Expenses	Improving Health Care Quality Expenses						Claims Adjustment Expenses		9	10
		1 Improve Health Outcomes	2 Activities to Prevent Hospital Readmissions	3 Improve Patient Safety and Reduce Medical Errors	4 Wellness & Health Promotion Activities	5 HIT Expenses	6 Total (1 to 5)	7 Cost Containment Expenses	8 Other Claims Adjustment Expenses	General Administrative Expenses	Total Expenses (6 to 9)
1.	Individual Comprehensive Coverage Expenses:										
	1.1 Salaries (including $ 8,706 for affiliated services)	0	0	0	0	0	0	461	1,112	7,132	8,706
	1.2 Outsourced Services	0	0	0	0	0	0	57	84	672	813
	1.3 EDP Equipment and Software (incl $ 591 for affiliated services)	0	0	0	0	0	0	39	60	492	591
	1.4 Other Equipment (excl. EDP) (incl $ 57 for affiliated services)	0	0	0	0	0	0	4	6	45	55
	1.5 Accreditation and Certification (incl $ 6 for affiliated services)	0	XXX	XXX	XXX	XXX	0	0	1	5	6
	1.6 Other Expenses (incl $ 16,860 for affiliated services)	1,896	0	0	0	0	1,896	1,030	1,751	19,608	24,286
	1.7 Subtotal before Reimbursements and Taxes (Lines 1.1 to 1.6)	1,896	0	0	0	0	1,896	1,591	3,014	27,955	34,456
	1.8 Reimbursements by uninsured plans and fiscal intermediaries	0	0	0	0	0	0	0	0	0	0
	1.9 Taxes, Licenses and Fees (in total, for tying purposes)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	456	456
	1.10 Total (1.7 to 1.9)	1,896	0	0	0	0	1,896	1,591	3,014	28,411	34,912
	1.11 Total Fraud and Abuse Detection/Recovery Expenses included in Column 7 (informational only)	0	0	0	0	0	0	426	0	0	426
2.	Small Group Comprehensive Coverage Expenses:										
	2.1 Salaries (including $ 326,964 for affiliated services)	0	0	0	0	0	0	41,509	63,091	222,364	326,964
	2.2 Outsourced Services	0	0	0	0	0	0	9,361	7,230	21,006	37,598
	2.3 EDP Equipment and Software (incl $ 23,061 for affiliated services)	0	0	0	0	0	0	3,466	5,268	14,326	23,061
	2.4 Other Equipment (excl. EDP) (incl $ 2,214 for affiliated services)	0	0	0	0	0	0	333	506	1,375	2,214
	2.5 Accreditation and Certification (incl $ 240 for affiliated services)	0	XXX	XXX	XXX	XXX	0	36	55	149	240
	2.6 Other Expenses (incl $ 742,447 for affiliated services)	140,383	0	0	0	0	140,383	95,650	141,106	811,595	1,188,735
	2.7 Subtotal before Reimbursements and Taxes (Lines 2.1 to 2.6)	140,383	0	0	0	0	140,383	150,356	217,256	1,070,816	1,578,811
	2.8 Reimbursements by uninsured plans and fiscal intermediaries	0	0	0	0	0	0	0	0	0	0
	2.9 Taxes, Licenses and Fees (in total, for tying purposes)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	233,191	233,191
	2.10 Total (2.7 to 2.9)	140,383	0	0	0	0	140,383	150,356	217,256	1,304,007	1,812,001
	2.11 Total Fraud and Abuse Detection/Recovery Expenses included in Column 7 (informational only)	0	0	0	0	0	0	42,513	0	0	42,513
3.	Large Group Comprehensive Coverage Expenses:										
	3.1 Salaries (including $ 219,420 for affiliated services)	0	0	0	0	0	0	28,732	39,385	151,303	219,420
	3.2 Outsourced Services	0	0	0	0	0	0	6,177	4,514	13,695	24,386
	3.3 EDP Equipment and Software (incl $ 14,718 for affiliated services)	0	0	0	0	0	0	2,399	3,289	9,030	14,718
	3.4 Other Equipment (excl. EDP) (incl $ 1,413 for affiliated services)	0	0	0	0	0	0	230	316	867	1,413
	3.5 Accreditation and Certification (incl $ 153 for affiliated services)	0	XXX	XXX	XXX	XXX	0	25	34	94	153
	3.6 Other Expenses (incl $ 504,862 for affiliated services)	94,349	0	0	0	0	94,349	66,083	88,087	306,131	554,649
	3.7 Subtotal before Reimbursements and Taxes (Lines 3.1 to 3.6)	94,349	0	0	0	0	94,349	103,646	135,624	481,120	814,739
	3.8 Reimbursements by uninsured plans and fiscal intermediaries	0	0	0	0	0	0	0	0	0	0
	3.9 Taxes, Licenses and Fees (in total, for tying purposes)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	146,935	146,935
	3.10 Total (3.7 to 3.9)	94,349	0	0	0	0	94,349	103,646	135,624	628,054	961,674
	3.11 Total Fraud and Abuse Detection/Recovery Expenses included in Column 7 (informational only)	0	0	0	0	0	0	31,390	0	0	31,390

SUPPLEMENT FOR THE YEAR 2018 OF THE UnitedHealthcare Insurance Company

SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 3 (Continued)

	All Expenses	Improving Health Care Quality Expenses						Claims Adjustment Expenses		9	10
		1 Improve Health Outcomes	2 Activities to Prevent Hospital Readmissions	3 Improve Patient Safety and Reduce Medical Errors	4 Wellness & Health Promotion Activities	5 HIT Expenses	6 Total (1 to 5)	7 Cost Containment Expenses	8 Other Claims Adjustment Expenses	General Administrative Expenses	Total Expenses (6 to 9)
4.	Individual Mini-Med Plans Expenses:										
	4.1 Salaries (including $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	4.2 Outsourced Services	0	0	0	0	0	0	0	0	0	0
	4.3 EDP Equipment and Software (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	4.4 Other Equipment (excl. EDP) (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	4.5 Accreditation and Certification (incl $ 0 for affiliated services)	0	XXX	XXX	XXX	XXX	0	0	0	0	0
	4.6 Other Expenses (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	4.7 Subtotal before Reimbursements and Taxes (Lines 4.1 to 4.6)	0	0	0	0	0	0	0	0	0	0
	4.8 Reimbursements by uninsured plans and fiscal intermediaries	0	0	0	0	0	0	0	0	0	0
	4.9 Taxes, Licenses and Fees (in total, for tying purposes)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0
	4.10 Total (4.7 to 4.9)	0	0	0	0	0	0	0	0	0	0
	4.11 Total Fraud and Abuse Detection/Recovery Expenses included in Column 7 (informational only)	0	0	0	0	0	0	0	0	0	0
5.	Small Group Mini-Med Plans Expenses:										
	5.1 Salaries (including $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	5.2 Outsourced Services	0	0	0	0	0	0	0	0	0	0
	5.3 EDP Equipment and Software (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	5.4 Other Equipment (excl. EDP) (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	5.5 Accreditation and Certification (incl $ 0 for affiliated services)	0	XXX	XXX	XXX	XXX	0	0	0	0	0
	5.6 Other Expenses (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	5.7 Subtotal before Reimbursements and Taxes (Lines 5.1 to 5.6)	0	0	0	0	0	0	0	0	0	0
	5.8 Reimbursements by uninsured plans and fiscal intermediaries	0	0	0	0	0	0	0	0	0	0
	5.9 Taxes, Licenses and Fees (in total, for tying purposes)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0
	5.10 Total (5.7 to 5.9)	0	0	0	0	0	0	0	0	0	0
	5.11 Total Fraud and Abuse Detection/Recovery Expenses included in Column 7 (informational only)	0	0	0	0	0	0	0	0	0	0
6.	Large Group Mini-Med Plans Expenses:										
	6.1 Salaries (including $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	6.2 Outsourced Services	0	0	0	0	0	0	0	0	0	0
	6.3 EDP Equipment and Software (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	6.4 Other Equipment (excl. EDP) (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	6.5 Accreditation and Certification (incl $ 0 for affiliated services)	0	XXX	XXX	XXX	XXX	0	0	0	0	0
	6.6 Other Expenses (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	6.7 Subtotal before Reimbursements and Taxes (Lines 6.1 to 6.6)	0	0	0	0	0	0	0	0	0	0
	6.8 Reimbursements by uninsured plans and fiscal intermediaries	0	0	0	0	0	0	0	0	0	0
	6.9 Taxes, Licenses and Fees (in total, for tying purposes)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0
	6.10 Total (6.7 to 6.9)	0	0	0	0	0	0	0	0	0	0
	6.11 Total Fraud and Abuse Detection/Recovery Expenses included in Column 7 (informational only)	0	0	0	0	0	0	0	0	0	0

SUPPLEMENT FOR THE YEAR 2018 OF THE UnitedHealthcare Insurance Company

SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 3 (Continued)

	All Expenses	Improving Health Care Quality Expenses						Claims Adjustment Expenses		9	10
		1 Improve Health Outcomes	2 Activities to Prevent Hospital Readmissions	3 Improve Patient Safety and Reduce Medical Errors	4 Wellness & Health Promotion Activities	5 HIT Expenses	6 Total (1 to 5)	7 Cost Containment Expenses	8 Other Claims Adjustment Expenses	General Administrative Expenses	Total Expenses (6 to 9)
7.	Small Group Expatriate Plans Expenses:										
	7.1 Salaries (including $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	7.2 Outsourced Services	0	0	0	0	0	0	0	0	0	0
	7.3 EDP Equipment and Software (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	7.4 Other Equipment (excl. EDP) (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	7.5 Accreditation and Certification (incl $ 0 for affiliated services)	0	XXX	XXX	XXX	XXX	0	0	0	0	0
	7.6 Other Expenses (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	7.7 Subtotal before Reimbursements and Taxes (Lines 7.1 to 7.6)	0	0	0	0	0	0	0	0	0	0
	7.8 Reimbursements by uninsured plans and fiscal intermediaries	0	0	0	0	0	0	0	0	0	0
	7.9 Taxes, Licenses and Fees (in total, for tying purposes)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0
	7.10 Total (7.7 to 7.9)	0	0	0	0	0	0	0	0	0	0
	7.11 Total Fraud and Abuse Detection/Recovery Expenses included in Column 7 (informational only)	0	0	0	0	0	0	0	0	0	0
8.	Large Group Expatriate Plans Expenses:										
	8.1 Salaries (including $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	8.2 Outsourced Services	0	0	0	0	0	0	0	0	0	0
	8.3 EDP Equipment and Software (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	8.4 Other Equipment (excl. EDP) (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	8.5 Accreditation and Certification (incl $ 0 for affiliated services)	0	XXX	XXX	XXX	XXX	0	0	0	0	0
	8.6 Other Expenses (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	8.7 Subtotal before Reimbursements and Taxes (Lines 8.1 to 8.6)	0	0	0	0	0	0	0	0	0	0
	8.8 Reimbursements by uninsured plans and fiscal intermediaries	0	0	0	0	0	0	0	0	0	0
	8.9 Taxes, Licenses and Fees (in total, for tying purposes)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0
	8.10 Total (8.7 to 8.9)	0	0	0	0	0	0	0	0	0	0
	8.11 Total Fraud and Abuse Detection/Recovery Expenses included in Column 7 (informational only)	0	0	0	0	0	0	0	0	0	0
9.	Student Health Plans Expenses:										
	9.1 Salaries (including $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	9.2 Outsourced Services	0	0	0	0	0	0	0	0	0	0
	9.3 EDP Equipment and Software (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	9.4 Other Equipment (excl. EDP) (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	9.5 Accreditation and Certification (incl $ 0 for affiliated services)	0	XXX	XXX	XXX	XXX	0	0	0	0	0
	9.6 Other Expenses (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	9.7 Subtotal before Reimbursements and Taxes (Lines 9.1 to 9.6)	0	0	0	0	0	0	0	0	0	0
	9.8 Reimbursements by uninsured plans and fiscal intermediaries	0	0	0	0	0	0	0	0	0	0
	9.9 Taxes, Licenses and Fees (in total, for tying purposes)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0
	9.10 Total (9.7 to 9.9)	0	0	0	0	0	0	0	0	0	0
	9.11 Total Fraud and Abuse Detection/Recovery Expenses included in Column 7 (informational only)	0	0	0	0	0	0	0	0	0	0

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SUPPLEMENT FOR THE YEAR 2018 OF THE UnitedHealthcare Insurance Company

SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 1

(To Be Filed by April 1 - Not for Rebate Purposes - See Cautionary Statement at http://www.naic.org/documents/committees_e_app_blanks_related_shce_cautionary_statement.pdf)

REPORT FOR: 1. CORPORATION UnitedHealthcare Insurance Company 2. 185 Asylum Street Hartford, CT 061033408 (LOCATION)

NAIC Group Code 0707 BUSINESS IN THE STATE OF American Samoa DURING THE YEAR 2018 NAIC Company Code 79413

	Business Subject to MLR									10	11	12	13	14	15
	Comprehensive Health Coverage			Mini-Med Plans			Expatriate Plans		9						
	1 Individual	2 Small Group Employer	3 Large Group Employer	4 Individual	5 Small Group Employer	6 Large Group Employer	7 Small Group	8 Large Group	Student Health Plans	Government Business (excluded by statute)	Other Health Business	Medicare Advantage Part C and Medicare Part D Stand-Alone Subject to ACA	Subtotal (Cols. 1 through 12)	Uninsured Plans	Total 13 + 14
1. Premium:															
1.1 Health premiums earned (From Part 2, Line 1.11)	0	0	0	0	0	0	0	0	0	0	5,423	10,322	15,745	XXX	15,745
1.2 Federal high risk pools	0	0	0	0	0	0	0	0	0	0	0	0	0	XXX	0
1.3 State high risk pools	0	0	0	0	0	0	0	0	0	0	3	0	3	XXX	3
1.4 Premiums earned including state and federal high risk programs (Lines 1.1 + 1.2 + 1.3)	0	0	0	0	0	0	0	0	0	0	5,426	10,322	15,748	XXX	15,748
1.5 Federal taxes and federal assessments	0	0	0	0	0	0	0	0	0	0	54	667,943	667,997	0	667,997
1.6 State insurance, premium and other taxes (Similar local taxes of $ 2)	0	0	0	0	0	0	0	0	0	0	86	1	87	0	87
1.6a Community Benefit Expenditures (informational only)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
1.7 Regulatory authority licenses and fees	0	0	0	0	0	0	0	0	0	0	(1)	0	(1)	0	(1)
1.8 Adjusted Premiums Earned (Lines 1.4 - 1.5 - 1.6 - 1.7)	0	0	0	0	0	0	0	0	0	0	5,286	(657,621)	(652,335)	XXX	(652,335)
1.9 Net Assumed less Ceded reinsurance premiums earned	0	0	0	0	0	0	0	0	0	0	0	0	0	XXX	0
1.10 Other Adjustments due to MLR calculations - Premiums	0	0	0	0	0	0	0	0	0	0	0	388	388	XXX	388
1.11 Risk Revenue	0	0	0	0	0	0	0	0	0	0	0	0	0	XXX	0
1.12 Net adjusted premiums earned after reinsurance (Lines 1.8 + 1.9 + 1.10 + 1.11)	0	0	0	0	0	0	0	0	0	0	5,286	(657,234)	(651,947)	XXX	(651,947)
2. Claims:															
2.1 Incurred claims excluding prescription drugs	0	0	0	0	0	0	0	0	0	0	3,246	5,760	9,006	XXX	9,006
2.2 Prescription drugs	0	0	0	0	0	0	0	0	0	0	0	8,996	8,996	XXX	8,996
2.3 Pharmaceutical rebates	0	0	0	0	0	0	0	0	0	0	0	7,930	7,930	XXX	7,930
2.4 State stop loss, market stabilization and claim/census based assessments (informational only)	0	0	0	0	0	0	0	0	0	0	0	0	0	XXX	0
3. Incurred medical incentive pools and bonuses	0	0	0	0	0	0	0	0	0	0	0	0	0	XXX	0
4. Deductible Fraud and Abuse Detection/Recovery Expenses (for MLR use only)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
5. 5.0 Total Incurred Claims (Lines 2.1 + 2.2 - 2.3 + 3) (From Part 2, Line 2.15)	0	0	0	0	0	0	0	0	0	0	3,246	6,825	10,072	XXX	10,072
5.1 Net Assumed less Ceded reinsurance claims incurred	0	0	0	0	0	0	0	0	0	0	0	0	0	XXX	0
5.2 Other Adjustments due to MLR calculations - Claims	0	0	0	0	0	0	0	0	0	0	0	0	0	XXX	0
5.3 Rebates paid	0	0	0	0	0	0	0	0	0	XXX	XXX	0	0	XXX	0
5.4 Estimated rebates unpaid prior year	0	0	0	0	0	0	0	0	0	XXX	XXX	0	0	XXX	0
5.5 Estimated rebates unpaid current year	0	0	0	0	0	0	0	0	0	XXX	XXX	0	0	XXX	0
5.6 Fee for service and co-pay revenue	0	0	0	0	0	0	0	0	0	0	0	0	0	XXX	0
5.7 Net incurred claims after reinsurance (Lines 5.0 + 5.1 + 5.2 + 5.3 - 5.4 + 5.5 - 5.6)	0	0	0	0	0	0	0	0	0	0	3,246	6,825	10,072	XXX	10,072
6. Improving Health Care Quality Expenses Incurred:															
6.1 Improve health outcomes	0	0	0	0	0	0	0	0	0	0	20	(36,807)	(36,787)	0	(36,787)
6.2 Activities to prevent hospital readmissions	0	0	0	0	0	0	0	0	0	0	0	6	6	0	6
6.3 Improve patient safety and reduce medical errors	0	0	0	0	0	0	0	0	0	0	0	(147,294)	(147,294)	0	(147,294)
6.4 Wellness and health promotion activities	0	0	0	0	0	0	0	0	0	0	91	(24)	68	0	68
6.5 Health Information Technology expenses related to health improvement	0	0	0	0	0	0	0	0	0	0	4	(103,778)	(103,774)	0	(103,774)
6.6 Total of Defined Expenses Incurred for Improving Health Care Quality (Lines 6.1+6.2+6.3+6.4+6.5)	0	0	0	0	0	0	0	0	0	0	115	(287,897)	(287,782)	0	(287,782)
7. Preliminary Medical Loss Ratio: MLR ((Lines 4 + 5.0 + 6.6 - Footnote 2.0)/Line 1.8	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	XXX	XXX	0.427	XXX	XXX	XXX
8. Claims Adjustment Expenses:															
8.1 Cost containment expenses not included in quality of care expenses in Line 6.6	0	0	0	0	0	0	0	0	0	0	5	(231,082)	(231,077)	0	(231,077)
8.2 All other claims adjustment expenses	0	0	0	0	0	0	0	0	0	0	205	(2,828,439)	(2,828,234)	0	(2,828,234)
8.3 Total claims adjustment expenses (Lines 8.1 + 8.2)	0	0	0	0	0	0	0	0	0	0	209	(3,059,521)	(3,059,311)	0	(3,059,311)
9. Claims Adjustment Expense Ratio (Line 8.3/Line 1.8)	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.040	4.652	XXX	XXX	XXX

SUPPLEMENT FOR THE YEAR 2018 OF THE UnitedHealthcare Insurance Company

SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 1 (Continued)

	Business Subject to MLR									10	11	12	13	14	15
	Comprehensive Health Coverage			Mini-Med Plans			Expatriate Plans		9						
	1 Individual	2 Small Group Employer	3 Large Group Employer	4 Individual	5 Small Group Employer	6 Large Group Employer	7 Small Group	8 Large Group	Student Health Plans	Government Business (excluded by statute)	Other Health Business	Medicare Advantage Part C and Medicare Part D Stand-Alone Subject to ACA	Subtotal (Cols. 1 through 12)	Uninsured Plans	Total 13 + 14
10. General and Administrative (G&A) Expenses:															
10.1 Direct sales salaries and benefits	0	0	0	0	0	0	0	0	0	0	18	64	82	0	82
10.2 Agents and brokers fees and commissions	0	0	0	0	0	0	0	0	0	0	405	372	777	0	777
10.3 Other taxes (excluding taxes on Lines 1.5 through 1.7 and Line 14 below)	0	0	0	0	0	0	0	0	0	0	27	(2)	25	0	25
10.4 Other general and administrative expenses	0	0	0	0	0	0	0	0	0	0	1,047	175	1,222	0	1,222
10.4a Community Benefit Expenditures (informational only)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
10.5 Total general and administrative (Lines 10.1 +10.2 + 10.3 + 10.4)	0	0	0	0	0	0	0	0	0	0	1,497	609	2,106	0	2,106
11. Underwriting Gain/(Loss) (Lines 1.12 - 5.7 - 6.6 - 8.3 - 10.5)	0	0	0	0	0	0	0	0	0	0	219	2,682,750	2,682,968	XXX	2,682,968
12. Income from fees of uninsured plans	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0
13. Net investment and other gain/(loss)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	XXX	0
14. Federal income taxes (excluding taxes on Line 1.5 above)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	XXX	0
15. Net gain or (loss) (Lines 11 + 12 + 13 - 14)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	2,682,968	XXX	2,682,968
16. ICD-10 Implementation Expenses (informational only; already included in general expenses and line 10.4)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
16. 16a ICD-10 Implementation Expenses (informational only; already included in line 10.4)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
OTHER INDICATORS:															
1. Number of certificates/policies	0	0	0	0	0	0	0	0	0	0	6	27	33	0	33
2. Number of Covered Lives	0	0	0	0	0	0	0	0	0	0	6	27	33	0	33
3. Number of Groups	XXX	0	0	XXX	0	0	0	0	0	0	0	0	0	0	0
4. Member Months	0	0	0	0	0	0	0	0	0	0	82	339	421	0	421

Is run off business reported in Columns 1 through 9 or 12? Yes [ ] No [ ] If yes, show the amount of premiums and claims included. Premiums $ 0 Claims $ 0

216-2.AS

AFFORDABLE CARE ACT (ACA) RECEIPTS, PAYMENTS, RECEIVABLES and PAYABLES

	Current Year Comprehensive Health Coverage		Prior Year Comprehensive Health Coverage	
	1 Individual Plans	2 Small Group Employer Plans	3 Individual Plans	4 Small Group Employer Plans
ACA Receivables and Payables				
1. Permanent ACA Risk Adjustment Program 1.0 Premium adjustments receivable/(payable)	0	0	0	0
2. Transitional ACA Reinsurance Program 2.0 Total amounts recoverable for claims (paid & unpaid)	0	XXX	0	XXX
3. Temporary ACA Risk Corridors Program 3.1 Accrued retrospective premium	0	0	0	0
3.2 Reserve for rate credits or policy experience refunds	0	0	0	0
ACA Receipts and Payments				
4. Permanent ACA Risk Adjustment Program 4.0 Premium adjustments receipts/(payments)	0	0	0	0
5. Transitional ACA Reinsurance Program 5.0 Amounts received for claims	0	XXX	0	XXX
6. Temporary ACA Risk Corridors Program 6.1 Retrospective premium received	0	0	0	0
6.2 Rate credits or policy experience refunds paid	0	0	0	0

SUPPLEMENT FOR THE YEAR 2018 OF THE UnitedHealthcare Insurance Company

SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 2

(To Be Filed by April 1 - Not for Rebate Purposes)

REPORT FOR: 1. CORPORATION UnitedHealthcare Insurance Company 2. 185 Asylum Street Hartford, CT 061033408 (LOCATION)

NAIC Group Code 0707 BUSINESS IN THE STATE OF American Samoa DURING THE YEAR 2018 NAIC Company Code 79413

	Business Subject to MLR									10	11	12	13
	Comprehensive Health Coverage			Mini-Med Plans			Expatriate Plans:		9				
	1 Individual	2 Small Group Employer	3 Large Group Employer	4 Individual	5 Small Group Employer	6 Large Group Employer	7 Small Group	8 Large Group	Student Health Plans	Government Business (excluded by statute)	Other Health Business	Medicare Advantage Part C and Medicare Part D Stand-Alone Subject to ACA	Total (a)
1. Health Premiums Earned:													
1.1 Direct premiums written	0	0	0	0	0	0	0	0	0	0	5,423	10,709	16,132
1.2 Unearned premium prior year	0	0	0	0	0	0	0	0	0	0	0	0	0
1.3 Unearned premium current year	0	0	0	0	0	0	0	0	0	0	0	0	0
1.4 Change in unearned premium (Lines 1.2 - 1.3)	0	0	0	0	0	0	0	0	0	0	0	0	0
1.5 Paid rate credits	0	0	0	0	0	0	0	0	0	0	(21,462)	(8,879)	(30,341)
1.6 Reserve for rate credits current year	0	0	0	0	0	0	0	0	0	0	0	2,281	2,281
1.7 Reserve for rate credits prior year	0	0	0	0	0	0	0	0	0	0	0	(12,358)	(12,358)
1.8 Change in reserve for rate credits (Lines 1.6 - 1.7)	0	0	0	0	0	0	0	0	0	0	0	14,639	14,639
1.9 Premium balances written off	0	0	0	0	0	0	0	0	0	0	0	388	388
1.10 Group conversion charge	0	0	0	0	0	0	0	0	0	0	0	0	0
1.11 Total direct premiums earned (Lines 1.1 + 1.4 - 1.9 + 1.10)	0	0	0	0	0	0	0	0	0	0	5,423	10,322	15,745
1.12 Assumed premiums earned from non-affiliates	0	0	0	0	0	0	0	0	0	0	0	0	0
1.13 Net Assumed less Ceded premiums earned from affiliates	0	0	0	0	0	0	0	0	0	0	0	0	0
1.14 Ceded premiums earned to non-affiliates	0	0	0	0	0	0	0	0	0	0	0	0	0
1.15 Other Adjustments due to MLR calculation - Premiums	0	0	0	0	0	0	0	0	0	0	0	388	388
1.16 Net premiums earned (Lines 1.11 - 1.5 - 1.8 + 1.12 + 1.13 - 1.14 + 1.15)	0	0	0	0	0	0	0	0	0	0	26,885	4,949	31,834
2. Direct Claims Incurred:													
2.1 Paid claims during the year	0	0	0	0	0	0	0	0	0	0	21,236	3,150	24,386
2.2 Direct claim liability current year	0	0	0	0	0	0	0	0	0	0	36	65	102
2.3 Direct claim liability prior year	0	0	0	0	0	0	0	0	0	0	(3,652)	575	(3,077)
2.4 Direct claim reserves current year	0	0	0	0	0	0	0	0	0	0	491	0	491
2.5 Direct claim reserves prior year	0	0	0	0	0	0	0	0	0	0	708	0	708
2.6 Direct contract reserves current year	0	0	0	0	0	0	0	0	0	0	0	0	0
2.7 Direct contract reserves prior year	0	0	0	0	0	0	0	0	0	0	0	0	0
2.8 Paid rate credits	0	0	0	0	0	0	0	0	0	0	(21,462)	(8,879)	(30,341)
2.9 Reserve for rate credits current year	0	0	0	0	0	0	0	0	0	0	0	2,281	2,281
2.10 Reserve for rate credits prior year	0	0	0	0	0	0	0	0	0	0	0	(12,358)	(12,358)
2.11 Incurred medical incentive pools and bonuses (Lines 2.11a + 2.11b - 2.11c)	0	0	0	0	0	0	0	0	0	0	0	0	0
2.11a Paid medical incentive pools and bonuses current year	0	0	0	0	0	0	0	0	0	0	0	0	0
2.11b Accrued medical incentive pools and bonuses current year	0	0	0	0	0	0	0	0	0	0	0	0	0
2.11c Accrued medical incentive pools and bonuses prior year	0	0	0	0	0	0	0	0	0	0	0	0	0
2.12 Net healthcare receivables (Lines 2.12a - 2.12b)	0	0	0	0	0	0	0	0	0	0	0	1,575	1,575
2.12a Healthcare receivables current year	0	0	0	0	0	0	0	0	0	0	0	3,465	3,465
2.12b Healthcare receivables prior year	0	0	0	0	0	0	0	0	0	0	0	1,890	1,890
2.13 Group conversion charge	0	0	0	0	0	0	0	0	0	0	0	0	0
2.14 Multi-option coverage blended rate adjustment	0	0	0	0	0	0	0	0	0	0	0	0	0
2.15 Total incurred claims (Lines 2.1 + 2.2 - 2.3 + 2.4 - 2.5 + 2.6 - 2.7 + 2.8 + 2.9 - 2.10 + 2.11 - 2.12 + 2.13 + 2.14)	0	0	0	0	0	0	0	0	0	0	3,246	6,825	10,072
2.16 Assumed incurred claims from non-affiliates	0	0	0	0	0	0	0	0	0	0	0	0	0
2.17 Net assumed less ceded incurred claims from affiliates	0	0	0	0	0	0	0	0	0	0	0	0	0
2.18 Ceded incurred claims to non-affiliates	0	0	0	0	0	0	0	0	0	0	0	0	0
2.19 Other adjustments due to MLR calculation - Claims	0	0	0	0	0	0	0	0	0	0	0	0	0
2.20 Net Incurred Claims (Lines 2.15 - 2.8 - 2.9 + 2.10 + 2.16 + 2.17 - 2.18 + 2.19)	0	0	0	0	0	0	0	0	0	0	24,708	1,065	25,773
3. Fraud and Abuse Recoveries that Reduced PAID Claims in Line 2.1 above (informational only)	0	0	0	0	0	0	0	0	0	0	0	0	0

(a) Column 13, Line 1.1 includes direct written premium of $ 0 for stand-alone dental and $ 0 for stand-alone vision policies.

SUPPLEMENT FOR THE YEAR 2018 OF THE UnitedHealthcare Insurance Company

SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 3

(To Be Filed by April 1 - Not for Rebate Purposes)

REPORT FOR: 1. CORPORATION UnitedHealthcare Insurance Company 2. 185 Asylum Street Hartford, CT 061033408 (LOCATION)

NAIC Group Code 0707 BUSINESS IN THE STATE OF American Samoa DURING THE YEAR 2018 NAIC Company Code 79413

	All Expenses	Improving Health Care Quality Expenses						Claims Adjustment Expenses		9	10
		1 Improve Health Outcomes	2 Activities to Prevent Hospital Readmissions	3 Improve Patient Safety and Reduce Medical Errors	4 Wellness & Health Promotion Activities	5 HIT Expenses	6 Total (1 to 5)	7 Cost Containment Expenses	8 Other Claims Adjustment Expenses	General Administrative Expenses	Total Expenses (6 to 9)
1.	Individual Comprehensive Coverage Expenses:										
	1.1 Salaries (including $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	1.2 Outsourced Services	0	0	0	0	0	0	0	0	0	0
	1.3 EDP Equipment and Software (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	1.4 Other Equipment (excl. EDP) (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	1.5 Accreditation and Certification (incl $ 0 for affiliated services)	0	XXX	XXX	XXX	XXX	0	0	0	0	0
	1.6 Other Expenses (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	1.7 Subtotal before Reimbursements and Taxes (Lines 1.1 to 1.6)	0	0	0	0	0	0	0	0	0	0
	1.8 Reimbursements by uninsured plans and fiscal intermediaries	0	0	0	0	0	0	0	0	0	0
	1.9 Taxes, Licenses and Fees (in total, for tying purposes)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0
	1.10 Total (1.7 to 1.9)	0	0	0	0	0	0	0	0	0	0
	1.11 Total Fraud and Abuse Detection/Recovery Expenses included in Column 7 (informational only)	0	0	0	0	0	0	0	0	0	0
2.	Small Group Comprehensive Coverage Expenses:										
	2.1 Salaries (including $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	2.2 Outsourced Services	0	0	0	0	0	0	0	0	0	0
	2.3 EDP Equipment and Software (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	2.4 Other Equipment (excl. EDP) (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	2.5 Accreditation and Certification (incl $ 0 for affiliated services)	0	XXX	XXX	XXX	XXX	0	0	0	0	0
	2.6 Other Expenses (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	2.7 Subtotal before Reimbursements and Taxes (Lines 2.1 to 2.6)	0	0	0	0	0	0	0	0	0	0
	2.8 Reimbursements by uninsured plans and fiscal intermediaries	0	0	0	0	0	0	0	0	0	0
	2.9 Taxes, Licenses and Fees (in total, for tying purposes)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0
	2.10 Total (2.7 to 2.9)	0	0	0	0	0	0	0	0	0	0
	2.11 Total Fraud and Abuse Detection/Recovery Expenses included in Column 7 (informational only)	0	0	0	0	0	0	0	0	0	0
3.	Large Group Comprehensive Coverage Expenses:										
	3.1 Salaries (including $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	3.2 Outsourced Services	0	0	0	0	0	0	0	0	0	0
	3.3 EDP Equipment and Software (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	3.4 Other Equipment (excl. EDP) (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	3.5 Accreditation and Certification (incl $ 0 for affiliated services)	0	XXX	XXX	XXX	XXX	0	0	0	0	0
	3.6 Other Expenses (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	3.7 Subtotal before Reimbursements and Taxes (Lines 3.1 to 3.6)	0	0	0	0	0	0	0	0	0	0
	3.8 Reimbursements by uninsured plans and fiscal intermediaries	0	0	0	0	0	0	0	0	0	0
	3.9 Taxes, Licenses and Fees (in total, for tying purposes)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0
	3.10 Total (3.7 to 3.9)	0	0	0	0	0	0	0	0	0	0
	3.11 Total Fraud and Abuse Detection/Recovery Expenses included in Column 7 (informational only)	0	0	0	0	0	0	0	0	0	0

SUPPLEMENT FOR THE YEAR 2018 OF THE UnitedHealthcare Insurance Company

SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 3 (Continued)

	All Expenses	Improving Health Care Quality Expenses						Claims Adjustment Expenses		9	10
		1 Improve Health Outcomes	2 Activities to Prevent Hospital Readmissions	3 Improve Patient Safety and Reduce Medical Errors	4 Wellness & Health Promotion Activities	5 HIT Expenses	6 Total (1 to 5)	7 Cost Containment Expenses	8 Other Claims Adjustment Expenses	General Administrative Expenses	Total Expenses (6 to 9)
4.	Individual Mini-Med Plans Expenses:										
	4.1 Salaries (including $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	4.2 Outsourced Services	0	0	0	0	0	0	0	0	0	0
	4.3 EDP Equipment and Software (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	4.4 Other Equipment (excl. EDP) (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	4.5 Accreditation and Certification (incl $ 0 for affiliated services)	0	XXX	XXX	XXX	XXX	0	0	0	0	0
	4.6 Other Expenses (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	4.7 Subtotal before Reimbursements and Taxes (Lines 4.1 to 4.6)	0	0	0	0	0	0	0	0	0	0
	4.8 Reimbursements by uninsured plans and fiscal intermediaries	0	0	0	0	0	0	0	0	0	0
	4.9 Taxes, Licenses and Fees (in total, for tying purposes)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0
	4.10 Total (4.7 to 4.9)	0	0	0	0	0	0	0	0	0	0
	4.11 Total Fraud and Abuse Detection/Recovery Expenses included in Column 7 (informational only)	0	0	0	0	0	0	0	0	0	0
5.	Small Group Mini-Med Plans Expenses:										
	5.1 Salaries (including $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	5.2 Outsourced Services	0	0	0	0	0	0	0	0	0	0
	5.3 EDP Equipment and Software (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	5.4 Other Equipment (excl. EDP) (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	5.5 Accreditation and Certification (incl $ 0 for affiliated services)	0	XXX	XXX	XXX	XXX	0	0	0	0	0
	5.6 Other Expenses (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	5.7 Subtotal before Reimbursements and Taxes (Lines 5.1 to 5.6)	0	0	0	0	0	0	0	0	0	0
	5.8 Reimbursements by uninsured plans and fiscal intermediaries	0	0	0	0	0	0	0	0	0	0
	5.9 Taxes, Licenses and Fees (in total, for tying purposes)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0
	5.10 Total (5.7 to 5.9)	0	0	0	0	0	0	0	0	0	0
	5.11 Total Fraud and Abuse Detection/Recovery Expenses included in Column 7 (informational only)	0	0	0	0	0	0	0	0	0	0
6.	Large Group Mini-Med Plans Expenses:										
	6.1 Salaries (including $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	6.2 Outsourced Services	0	0	0	0	0	0	0	0	0	0
	6.3 EDP Equipment and Software (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	6.4 Other Equipment (excl. EDP) (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	6.5 Accreditation and Certification (incl $ 0 for affiliated services)	0	XXX	XXX	XXX	XXX	0	0	0	0	0
	6.6 Other Expenses (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	6.7 Subtotal before Reimbursements and Taxes (Lines 6.1 to 6.6)	0	0	0	0	0	0	0	0	0	0
	6.8 Reimbursements by uninsured plans and fiscal intermediaries	0	0	0	0	0	0	0	0	0	0
	6.9 Taxes, Licenses and Fees (in total, for tying purposes)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0
	6.10 Total (6.7 to 6.9)	0	0	0	0	0	0	0	0	0	0
	6.11 Total Fraud and Abuse Detection/Recovery Expenses included in Column 7 (informational only)	0	0	0	0	0	0	0	0	0	0

SUPPLEMENT FOR THE YEAR 2018 OF THE UnitedHealthcare Insurance Company

SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 3 (Continued)

	All Expenses	Improving Health Care Quality Expenses						Claims Adjustment Expenses		9	10
		1 Improve Health Outcomes	2 Activities to Prevent Hospital Readmissions	3 Improve Patient Safety and Reduce Medical Errors	4 Wellness & Health Promotion Activities	5 HIT Expenses	6 Total (1 to 5)	7 Cost Containment Expenses	8 Other Claims Adjustment Expenses	General Administrative Expenses	Total Expenses (6 to 9)
7.	Small Group Expatriate Plans Expenses:										
	7.1 Salaries (including $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	7.2 Outsourced Services	0	0	0	0	0	0	0	0	0	0
	7.3 EDP Equipment and Software (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	7.4 Other Equipment (excl. EDP) (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	7.5 Accreditation and Certification (incl $ 0 for affiliated services)	0	XXX	XXX	XXX	XXX	0	0	0	0	0
	7.6 Other Expenses (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	7.7 Subtotal before Reimbursements and Taxes (Lines 7.1 to 7.6)	0	0	0	0	0	0	0	0	0	0
	7.8 Reimbursements by uninsured plans and fiscal intermediaries	0	0	0	0	0	0	0	0	0	0
	7.9 Taxes, Licenses and Fees (in total, for tying purposes)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0
	7.10 Total (7.7 to 7.9)	0	0	0	0	0	0	0	0	0	0
	7.11 Total Fraud and Abuse Detection/Recovery Expenses included in Column 7 (informational only)	0	0	0	0	0	0	0	0	0	0
8.	Large Group Expatriate Plans Expenses:										
	8.1 Salaries (including $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	8.2 Outsourced Services	0	0	0	0	0	0	0	0	0	0
	8.3 EDP Equipment and Software (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	8.4 Other Equipment (excl. EDP) (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	8.5 Accreditation and Certification (incl $ 0 for affiliated services)	0	XXX	XXX	XXX	XXX	0	0	0	0	0
	8.6 Other Expenses (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	8.7 Subtotal before Reimbursements and Taxes (Lines 8.1 to 8.6)	0	0	0	0	0	0	0	0	0	0
	8.8 Reimbursements by uninsured plans and fiscal intermediaries	0	0	0	0	0	0	0	0	0	0
	8.9 Taxes, Licenses and Fees (in total, for tying purposes)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0
	8.10 Total (8.7 to 8.9)	0	0	0	0	0	0	0	0	0	0
	8.11 Total Fraud and Abuse Detection/Recovery Expenses included in Column 7 (informational only)	0	0	0	0	0	0	0	0	0	0
9.	Student Health Plans Expenses:										
	9.1 Salaries (including $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	9.2 Outsourced Services	0	0	0	0	0	0	0	0	0	0
	9.3 EDP Equipment and Software (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	9.4 Other Equipment (excl. EDP) (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	9.5 Accreditation and Certification (incl $ 0 for affiliated services)	0	XXX	XXX	XXX	XXX	0	0	0	0	0
	9.6 Other Expenses (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	9.7 Subtotal before Reimbursements and Taxes (Lines 9.1 to 9.6)	0	0	0	0	0	0	0	0	0	0
	9.8 Reimbursements by uninsured plans and fiscal intermediaries	0	0	0	0	0	0	0	0	0	0
	9.9 Taxes, Licenses and Fees (in total, for tying purposes)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0
	9.10 Total (9.7 to 9.9)	0	0	0	0	0	0	0	0	0	0
	9.11 Total Fraud and Abuse Detection/Recovery Expenses included in Column 7 (informational only)	0	0	0	0	0	0	0	0	0	0

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SUPPLEMENT FOR THE YEAR 2018 OF THE UnitedHealthcare Insurance Company

SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 1

(To Be Filed by April 1 - Not for Rebate Purposes - See Cautionary Statement at http://www.naic.org/documents/committees_e_app_blanks_related_shce_cautionary_statement.pdf)

REPORT FOR: 1. CORPORATION UnitedHealthcare Insurance Company 2. 185 Asylum Street Hartford, CT 061033408 (LOCATION)

NAIC Group Code 0707 BUSINESS IN THE STATE OF Guam DURING THE YEAR 2018 NAIC Company Code 79413

	Business Subject to MLR									10	11	12	13	14	15
	Comprehensive Health Coverage			Mini-Med Plans			Expatriate Plans		9						
	1 Individual	2 Small Group Employer	3 Large Group Employer	4 Individual	5 Small Group Employer	6 Large Group Employer	7 Small Group	8 Large Group	Student Health Plans	Government Business (excluded by statute)	Other Health Business	Medicare Advantage Part C and Medicare Part D Stand-Alone Subject to ACA	Subtotal (Cols. 1 through 12)	Uninsured Plans	Total 13 + 14
1. Premium:															
1.1 Health premiums earned (From Part 2, Line 1.11)	0	0	0	0	0	0	0	0	0	0	823,036	1,499,359	2,322,395	XXX	2,322,395
1.2 Federal high risk pools	0	0	0	0	0	0	0	0	0	0	0	0	0	XXX	0
1.3 State high risk pools	0	0	0	0	0	0	0	0	0	0	484	0	484	XXX	484
1.4 Premiums earned including state and federal high risk programs (Lines 1.1 + 1.2 + 1.3)	0	0	0	0	0	0	0	0	0	0	823,520	1,499,359	2,322,879	XXX	2,322,879
1.5 Federal taxes and federal assessments	0	0	0	0	0	0	0	0	0	0	5,899	107,300	113,199	0	113,199
1.6 State insurance, premium and other taxes (Similar local taxes of $ 293)	0	0	0	0	0	0	0	0	0	0	13,026	193	13,219	0	13,219
1.6a Community Benefit Expenditures (informational only)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
1.7 Regulatory authority licenses and fees	0	0	0	0	0	0	0	0	0	0	(205)	0	(205)	0	(205)
1.8 Adjusted Premiums Earned (Lines 1.4 - 1.5 - 1.6 - 1.7)	0	0	0	0	0	0	0	0	0	0	804,799	1,391,867	2,196,666	XXX	2,196,666
1.9 Net Assumed less Ceded reinsurance premiums earned	0	0	0	0	0	0	0	0	0	0	0	0	0	XXX	0
1.10 Other Adjustments due to MLR calculations - Premiums	0	0	0	0	0	0	0	0	0	0	0	7,023	7,023	XXX	7,023
1.11 Risk Revenue	0	0	0	0	0	0	0	0	0	0	0	0	0	XXX	0
1.12 Net adjusted premiums earned after reinsurance (Lines 1.8 + 1.9 + 1.10 + 1.11)	0	0	0	0	0	0	0	0	0	0	804,799	1,398,890	2,203,689	XXX	2,203,689
2. Claims:															
2.1 Incurred claims excluding prescription drugs	0	0	0	0	0	0	0	0	0	0	576,846	21,155	598,001	XXX	598,001
2.2 Prescription drugs	0	0	0	0	0	0	0	0	0	0	115	1,932,681	1,932,796	XXX	1,932,796
2.3 Pharmaceutical rebates	0	0	0	0	0	0	0	0	0	0	23	1,033,557	1,033,580	XXX	1,033,580
2.4 State stop loss, market stabilization and claim/census based assessments (informational only)	0	0	0	0	0	0	0	0	0	0	0	0	0	XXX	0
3. Incurred medical incentive pools and bonuses	0	0	0	0	0	0	0	0	0	0	0	0	0	XXX	0
4. Deductible Fraud and Abuse Detection/Recovery Expenses (for MLR use only)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
5. 5.0 Total Incurred Claims (Lines 2.1 + 2.2 - 2.3 + 3) (From Part 2, Line 2.15)	0	0	0	0	0	0	0	0	0	0	576,938	920,279	1,497,217	XXX	1,497,217
5.1 Net Assumed less Ceded reinsurance claims incurred	0	0	0	0	0	0	0	0	0	0	0	0	0	XXX	0
5.2 Other Adjustments due to MLR calculations - Claims	0	0	0	0	0	0	0	0	0	0	0	0	0	XXX	0
5.3 Rebates paid	0	0	0	0	0	0	0	0	0	XXX	XXX	0	0	XXX	0
5.4 Estimated rebates unpaid prior year	0	0	0	0	0	0	0	0	0	XXX	XXX	0	0	XXX	0
5.5 Estimated rebates unpaid current year	0	0	0	0	0	0	0	0	0	XXX	XXX	0	0	XXX	0
5.6 Fee for service and co-pay revenue	0	0	0	0	0	0	0	0	0	0	0	0	0	XXX	0
5.7 Net incurred claims after reinsurance (Lines 5.0 + 5.1 + 5.2 + 5.3 - 5.4 + 5.5 - 5.6)	0	0	0	0	0	0	0	0	0	0	576,938	920,279	1,497,217	XXX	1,497,217
6. Improving Health Care Quality Expenses Incurred:															
6.1 Improve health outcomes	0	0	0	0	0	0	0	0	0	0	9,701	3,413	13,114	0	13,114
6.2 Activities to prevent hospital readmissions	0	0	0	0	0	0	0	0	0	0	10,026	1,140	11,166	0	11,166
6.3 Improve patient safety and reduce medical errors	0	0	0	0	0	0	0	0	0	0	7,450	7,830	15,280	0	15,280
6.4 Wellness and health promotion activities	0	0	0	0	0	0	0	0	0	0	9,952	(2,327)	7,625	0	7,625
6.5 Health Information Technology expenses related to health improvement	0	0	0	0	0	0	0	0	0	0	2,126	7,540	9,666	0	9,666
6.6 Total of Defined Expenses Incurred for Improving Health Care Quality (Lines 6.1+6.2+6.3+6.4+6.5)	0	0	0	0	0	0	0	0	0	0	39,255	17,596	56,852	0	56,852
7. Preliminary Medical Loss Ratio: MLR ((Lines 4 + 5.0 + 6.6 - Footnote 2.0)/Line 1.8	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	XXX	XXX	0.674	XXX	XXX	XXX
8. Claims Adjustment Expenses:															
8.1 Cost containment expenses not included in quality of care expenses in Line 6.6	0	0	0	0	0	0	0	0	0	0	197	(16,951)	(16,754)	0	(16,754)
8.2 All other claims adjustment expenses	0	0	0	0	0	0	0	0	0	0	17,282	167,771	185,053	0	185,053
8.3 Total claims adjustment expenses (Lines 8.1 + 8.2)	0	0	0	0	0	0	0	0	0	0	17,480	150,819	168,299	0	168,299
9. Claims Adjustment Expense Ratio (Line 8.3/Line 1.8)	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.022	0.108	XXX	XXX	XXX

SUPPLEMENT FOR THE YEAR 2018 OF THE UnitedHealthcare Insurance Company

SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 1 (Continued)

	Business Subject to MLR									10	11	12	13	14	15
	Comprehensive Health Coverage			Mini-Med Plans			Expatriate Plans		9			Medicare Advantage Part C and Medicare Part D Stand-Alone Subject to ACA			
	1 Individual	2 Small Group Employer	3 Large Group Employer	4 Individual	5 Small Group Employer	6 Large Group Employer	7 Small Group	8 Large Group	Student Health Plans	Government Business (excluded by statute)	Other Health Business		Subtotal (Cols. 1 through 12)	Uninsured Plans	Total 13 + 14
10. General and Administrative (G&A) Expenses:															
10.1 Direct sales salaries and benefits	0	0	0	0	0	0	0	0	0	0	1,419	6,331	7,750	0	7,750
10.2 Agents and brokers fees and commissions	0	0	0	0	0	0	0	0	0	0	44,143	30	44,173	0	44,173
10.3 Other taxes (excluding taxes on Lines 1.5 through 1.7 and Line 14 below)	0	0	0	0	0	0	0	0	0	0	2,115	2,500	4,615	0	4,615
10.4 Other general and administrative expenses	0	0	0	0	0	0	0	0	0	0	99,711	63,818	163,529	0	163,529
10.4a Community Benefit Expenditures (informational only)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
10.5 Total general and administrative (Lines 10.1 +10.2 + 10.3 + 10.4)	0	0	0	0	0	0	0	0	0	0	147,387	72,678	220,066	0	220,066
11. Underwriting Gain/(Loss) (Lines 1.12 - 5.7 - 6.6 - 8.3 - 10.5)	0	0	0	0	0	0	0	0	0	0	23,739	237,517	261,256	XXX	261,256
12. Income from fees of uninsured plans	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0
13. Net investment and other gain/(loss)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	(30)	XXX	(30)
14. Federal income taxes (excluding taxes on Line 1.5 above)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	XXX	0
15. Net gain or (loss) (Lines 11 + 12 + 13 - 14)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	261,226	XXX	261,226
16. ICD-10 Implementation Expenses (informational only; already included in general expenses and line 10.4)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
16. 16a ICD-10 Implementation Expenses (informational only; already included in line 10.4)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
OTHER INDICATORS:															
1. Number of certificates/policies	0	0	0	0	0	0	0	0	0	0	541	2,726	3,267	0	3,267
2. Number of Covered Lives	0	0	0	0	0	0	0	0	0	0	537	2,726	3,263	0	3,263
3. Number of Groups	XXX	0	0	XXX	0	0	0	0	0	0	0	0	0	0	0
4. Member Months	0	0	0	0	0	0	0	0	0	0	6,432	33,577	40,009	0	40,009

Is run off business reported in Columns 1 through 9 or 12? Yes [ ] No [ ] If yes, show the amount of premiums and claims included. Premiums $ 0 Claims $ 0

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AFFORDABLE CARE ACT (ACA) RECEIPTS, PAYMENTS, RECEIVABLES and PAYABLES

	Current Year Comprehensive Health Coverage		Prior Year Comprehensive Health Coverage	
	1 Individual Plans	2 Small Group Employer Plans	3 Individual Plans	4 Small Group Employer Plans
ACA Receivables and Payables				
1. Permanent ACA Risk Adjustment Program				
1.0 Premium adjustments receivable/(payable)	0	0	0	0
2. Transitional ACA Reinsurance Program				
2.0 Total amounts recoverable for claims (paid & unpaid)	0	XXX	0	XXX
3. Temporary ACA Risk Corridors Program				
3.1 Accrued retrospective premium	0	0	0	0
3.2 Reserve for rate credits or policy experience refunds	0	0	0	0
ACA Receipts and Payments				
4. Permanent ACA Risk Adjustment Program				
4.0 Premium adjustments receipts/(payments)	0	0	0	0
5. Transitional ACA Reinsurance Program				
5.0 Amounts received for claims	0	XXX	0	XXX
6. Temporary ACA Risk Corridors Program				
6.1 Retrospective premium received	0	0	0	0
6.2 Rate credits or policy experience refunds paid	0	0	0	0

SUPPLEMENT FOR THE YEAR 2018 OF THE UnitedHealthcare Insurance Company

SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 2

(To Be Filed by April 1 - Not for Rebate Purposes)

REPORT FOR: 1. CORPORATION UnitedHealthcare Insurance Company 2. 185 Asylum Street Hartford, CT 061033408 (LOCATION)

NAIC Group Code 0707 BUSINESS IN THE STATE OF Guam DURING THE YEAR 2018 NAIC Company Code 79413

	Business Subject to MLR												
	Comprehensive Health Coverage			Mini-Med Plans			Expatriate Plans:		9	10	11	12	13
	1 Individual	2 Small Group Employer	3 Large Group Employer	4 Individual	5 Small Group Employer	6 Large Group Employer	7 Small Group	8 Large Group	Student Health Plans	Government Business (excluded by statute)	Other Health Business	Medicare Advantage Part C and Medicare Part D Stand-Alone Subject to ACA	Total (a)
1. Health Premiums Earned:													
1.1 Direct premiums written	0	0	0	0	0	0	0	0	0	0	823,036	1,506,382	2,329,418
1.2 Unearned premium prior year	0	0	0	0	0	0	0	0	0	0	0	0	0
1.3 Unearned premium current year	0	0	0	0	0	0	0	0	0	0	0	0	0
1.4 Change in unearned premium (Lines 1.2 - 1.3)	0	0	0	0	0	0	0	0	0	0	0	0	0
1.5 Paid rate credits	0	0	0	0	0	0	0	0	0	0	(306,373)	101,969	(204,404)
1.6 Reserve for rate credits current year	0	0	0	0	0	0	0	0	0	0	0	(4,430)	(4,430)
1.7 Reserve for rate credits prior year	0	0	0	0	0	0	0	0	0	0	0	76,461	76,461
1.8 Change in reserve for rate credits (Lines 1.6 - 1.7)	0	0	0	0	0	0	0	0	0	0	0	(80,891)	(80,891)
1.9 Premium balances written off	0	0	0	0	0	0	0	0	0	0	0	7,023	7,023
1.10 Group conversion charge	0	0	0	0	0	0	0	0	0	0	0	0	0
1.11 Total direct premiums earned (Lines 1.1 + 1.4 - 1.9 + 1.10)	0	0	0	0	0	0	0	0	0	0	823,036	1,499,359	2,322,395
1.12 Assumed premiums earned from non-affiliates	0	0	0	0	0	0	0	0	0	0	0	0	0
1.13 Net Assumed less Ceded premiums earned from affiliates	0	0	0	0	0	0	0	0	0	0	0	0	0
1.14 Ceded premiums earned to non-affiliates	0	0	0	0	0	0	0	0	0	0	0	0	0
1.15 Other Adjustments due to MLR calculation - Premiums	0	0	0	0	0	0	0	0	0	0	0	7,023	7,023
1.16 Net premiums earned (Lines 1.11 - 1.5 - 1.8 + 1.12 + 1.13 - 1.14 + 1.15)	0	0	0	0	0	0	0	0	0	0	1,129,409	1,485,304	2,614,713
2. Direct Claims Incurred:													
2.1 Paid claims during the year	0	0	0	0	0	0	0	0	0	0	886,190	901,012	1,787,201
2.2 Direct claim liability current year	0	0	0	0	0	0	0	0	0	0	72,488	24,821	97,309
2.3 Direct claim liability prior year	0	0	0	0	0	0	0	0	0	0	75,098	83,314	158,412
2.4 Direct claim reserves current year	0	0	0	0	0	0	0	0	0	0	23,767	0	23,767
2.5 Direct claim reserves prior year	0	0	0	0	0	0	0	0	0	0	21,637	0	21,637
2.6 Direct contract reserves current year	0	0	0	0	0	0	0	0	0	0	0	0	0
2.7 Direct contract reserves prior year	0	0	0	0	0	0	0	0	0	0	2,388	0	2,388
2.8 Paid rate credits	0	0	0	0	0	0	0	0	0	0	(306,373)	101,969	(204,404)
2.9 Reserve for rate credits current year	0	0	0	0	0	0	0	0	0	0	0	(4,430)	(4,430)
2.10 Reserve for rate credits prior year	0	0	0	0	0	0	0	0	0	0	0	76,461	76,461
2.11 Incurred medical incentive pools and bonuses (Lines 2.11a + 2.11b - 2.11c)	0	0	0	0	0	0	0	0	0	0	0	0	0
2.11a Paid medical incentive pools and bonuses current year	0	0	0	0	0	0	0	0	0	0	0	0	0
2.11b Accrued medical incentive pools and bonuses current year	0	0	0	0	0	0	0	0	0	0	0	0	0
2.11c Accrued medical incentive pools and bonuses prior year	0	0	0	0	0	0	0	0	0	0	0	0	0
2.12 Net healthcare receivables (Lines 2.12a - 2.12b)	0	0	0	0	0	0	0	0	0	0	11	(56,682)	(56,671)
2.12a Healthcare receivables current year	0	0	0	0	0	0	0	0	0	0	11	394,536	394,547
2.12b Healthcare receivables prior year	0	0	0	0	0	0	0	0	0	0	0	451,218	451,218
2.13 Group conversion charge	0	0	0	0	0	0	0	0	0	0	0	0	0
2.14 Multi-option coverage blended rate adjustment	0	0	0	0	0	0	0	0	0	0	0	0	0
2.15 Total incurred claims (Lines 2.1 + 2.2 - 2.3 + 2.4 - 2.5 + 2.6 - 2.7 + 2.8 + 2.9 - 2.10 + 2.11 - 2.12 + 2.13 + 2.14)	0	0	0	0	0	0	0	0	0	0	576,938	920,279	1,497,217
2.16 Assumed incurred claims from non-affiliates	0	0	0	0	0	0	0	0	0	0	0	0	0
2.17 Net assumed less ceded incurred claims from affiliates	0	0	0	0	0	0	0	0	0	0	0	0	0
2.18 Ceded incurred claims to non-affiliates	0	0	0	0	0	0	0	0	0	0	0	0	0
2.19 Other adjustments due to MLR calculation - Claims	0	0	0	0	0	0	0	0	0	0	0	0	0
2.20 Net Incurred Claims (Lines 2.15 - 2.8 - 2.9 + 2.10 + 2.16 + 2.17 - 2.18 + 2.19)	0	0	0	0	0	0	0	0	0	0	883,311	899,201	1,782,512
3. Fraud and Abuse Recoveries that Reduced PAID Claims in Line 2.1 above (informational only)	0	0	0	0	0	0	0	0	0	0	0	0	0

(a) Column 13, Line 1.1 includes direct written premium of $ 0 for stand-alone dental and $ 0 for stand-alone vision policies.

SUPPLEMENT FOR THE YEAR 2018 OF THE UnitedHealthcare Insurance Company

SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 3

(To Be Filed by April 1 - Not for Rebate Purposes)

REPORT FOR: 1. CORPORATION UnitedHealthcare Insurance Company 2. 185 Asylum Street Hartford, CT 061033408 (LOCATION)

NAIC Group Code 0707 BUSINESS IN THE STATE OF Guam DURING THE YEAR 2018 NAIC Company Code 79413

	All Expenses	Improving Health Care Quality Expenses						Claims Adjustment Expenses		9	10
		1 Improve Health Outcomes	2 Activities to Prevent Hospital Readmissions	3 Improve Patient Safety and Reduce Medical Errors	4 Wellness & Health Promotion Activities	5 HIT Expenses	6 Total (1 to 5)	7 Cost Containment Expenses	8 Other Claims Adjustment Expenses	General Administrative Expenses	Total Expenses (6 to 9)
1.	Individual Comprehensive Coverage Expenses:										
	1.1 Salaries (including $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	1.2 Outsourced Services	0	0	0	0	0	0	0	0	0	0
	1.3 EDP Equipment and Software (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	1.4 Other Equipment (excl. EDP) (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	1.5 Accreditation and Certification (incl $ 0 for affiliated services)	0	XXX	XXX	XXX	XXX	0	0	0	0	0
	1.6 Other Expenses (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	1.7 Subtotal before Reimbursements and Taxes (Lines 1.1 to 1.6)	0	0	0	0	0	0	0	0	0	0
	1.8 Reimbursements by uninsured plans and fiscal intermediaries	0	0	0	0	0	0	0	0	0	0
	1.9 Taxes, Licenses and Fees (in total, for tying purposes)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0
	1.10 Total (1.7 to 1.9)	0	0	0	0	0	0	0	0	0	0
	1.11 Total Fraud and Abuse Detection/Recovery Expenses included in Column 7 (informational only)	0	0	0	0	0	0	0	0	0	0
2.	Small Group Comprehensive Coverage Expenses:										
	2.1 Salaries (including $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	2.2 Outsourced Services	0	0	0	0	0	0	0	0	0	0
	2.3 EDP Equipment and Software (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	2.4 Other Equipment (excl. EDP) (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	2.5 Accreditation and Certification (incl $ 0 for affiliated services)	0	XXX	XXX	XXX	XXX	0	0	0	0	0
	2.6 Other Expenses (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	2.7 Subtotal before Reimbursements and Taxes (Lines 2.1 to 2.6)	0	0	0	0	0	0	0	0	0	0
	2.8 Reimbursements by uninsured plans and fiscal intermediaries	0	0	0	0	0	0	0	0	0	0
	2.9 Taxes, Licenses and Fees (in total, for tying purposes)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0
	2.10 Total (2.7 to 2.9)	0	0	0	0	0	0	0	0	0	0
	2.11 Total Fraud and Abuse Detection/Recovery Expenses included in Column 7 (informational only)	0	0	0	0	0	0	0	0	0	0
3.	Large Group Comprehensive Coverage Expenses:										
	3.1 Salaries (including $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	3.2 Outsourced Services	0	0	0	0	0	0	0	0	0	0
	3.3 EDP Equipment and Software (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	3.4 Other Equipment (excl. EDP) (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	3.5 Accreditation and Certification (incl $ 0 for affiliated services)	0	XXX	XXX	XXX	XXX	0	0	0	0	0
	3.6 Other Expenses (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	3.7 Subtotal before Reimbursements and Taxes (Lines 3.1 to 3.6)	0	0	0	0	0	0	0	0	0	0
	3.8 Reimbursements by uninsured plans and fiscal intermediaries	0	0	0	0	0	0	0	0	0	0
	3.9 Taxes, Licenses and Fees (in total, for tying purposes)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0
	3.10 Total (3.7 to 3.9)	0	0	0	0	0	0	0	0	0	0
	3.11 Total Fraud and Abuse Detection/Recovery Expenses included in Column 7 (informational only)	0	0	0	0	0	0	0	0	0	0

SUPPLEMENT FOR THE YEAR 2018 OF THE UnitedHealthcare Insurance Company

SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 3 (Continued)

	All Expenses	Improving Health Care Quality Expenses						Claims Adjustment Expenses		9	10
		1 Improve Health Outcomes	2 Activities to Prevent Hospital Readmissions	3 Improve Patient Safety and Reduce Medical Errors	4 Wellness & Health Promotion Activities	5 HIT Expenses	6 Total (1 to 5)	7 Cost Containment Expenses	8 Other Claims Adjustment Expenses	General Administrative Expenses	Total Expenses (6 to 9)
4.	Individual Mini-Med Plans Expenses:										
	4.1 Salaries (including $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	4.2 Outsourced Services	0	0	0	0	0	0	0	0	0	0
	4.3 EDP Equipment and Software (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	4.4 Other Equipment (excl. EDP) (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	4.5 Accreditation and Certification (incl $ 0 for affiliated services)	0	XXX	XXX	XXX	XXX	0	0	0	0	0
	4.6 Other Expenses (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	4.7 Subtotal before Reimbursements and Taxes (Lines 4.1 to 4.6)	0	0	0	0	0	0	0	0	0	0
	4.8 Reimbursements by uninsured plans and fiscal intermediaries	0	0	0	0	0	0	0	0	0	0
	4.9 Taxes, Licenses and Fees (in total, for tying purposes)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0
	4.10 Total (4.7 to 4.9)	0	0	0	0	0	0	0	0	0	0
	4.11 Total Fraud and Abuse Detection/Recovery Expenses included in Column 7 (informational only)	0	0	0	0	0	0	0	0	0	0
5.	Small Group Mini-Med Plans Expenses:										
	5.1 Salaries (including $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	5.2 Outsourced Services	0	0	0	0	0	0	0	0	0	0
	5.3 EDP Equipment and Software (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	5.4 Other Equipment (excl. EDP) (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	5.5 Accreditation and Certification (incl $ 0 for affiliated services)	0	XXX	XXX	XXX	XXX	0	0	0	0	0
	5.6 Other Expenses (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	5.7 Subtotal before Reimbursements and Taxes (Lines 5.1 to 5.6)	0	0	0	0	0	0	0	0	0	0
	5.8 Reimbursements by uninsured plans and fiscal intermediaries	0	0	0	0	0	0	0	0	0	0
	5.9 Taxes, Licenses and Fees (in total, for tying purposes)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0
	5.10 Total (5.7 to 5.9)	0	0	0	0	0	0	0	0	0	0
	5.11 Total Fraud and Abuse Detection/Recovery Expenses included in Column 7 (informational only)	0	0	0	0	0	0	0	0	0	0
6.	Large Group Mini-Med Plans Expenses:										
	6.1 Salaries (including $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	6.2 Outsourced Services	0	0	0	0	0	0	0	0	0	0
	6.3 EDP Equipment and Software (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	6.4 Other Equipment (excl. EDP) (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	6.5 Accreditation and Certification (incl $ 0 for affiliated services)	0	XXX	XXX	XXX	XXX	0	0	0	0	0
	6.6 Other Expenses (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	6.7 Subtotal before Reimbursements and Taxes (Lines 6.1 to 6.6)	0	0	0	0	0	0	0	0	0	0
	6.8 Reimbursements by uninsured plans and fiscal intermediaries	0	0	0	0	0	0	0	0	0	0
	6.9 Taxes, Licenses and Fees (in total, for tying purposes)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0
	6.10 Total (6.7 to 6.9)	0	0	0	0	0	0	0	0	0	0
	6.11 Total Fraud and Abuse Detection/Recovery Expenses included in Column 7 (informational only)	0	0	0	0	0	0	0	0	0	0

SUPPLEMENT FOR THE YEAR 2018 OF THE UnitedHealthcare Insurance Company

SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 3 (Continued)

	All Expenses	Improving Health Care Quality Expenses						Claims Adjustment Expenses		9	10
		1 Improve Health Outcomes	2 Activities to Prevent Hospital Readmissions	3 Improve Patient Safety and Reduce Medical Errors	4 Wellness & Health Promotion Activities	5 HIT Expenses	6 Total (1 to 5)	7 Cost Containment Expenses	8 Other Claims Adjustment Expenses	General Administrative Expenses	Total Expenses (6 to 9)
7.	Small Group Expatriate Plans Expenses:										
	7.1 Salaries (including $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	7.2 Outsourced Services	0	0	0	0	0	0	0	0	0	0
	7.3 EDP Equipment and Software (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	7.4 Other Equipment (excl. EDP) (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	7.5 Accreditation and Certification (incl $ 0 for affiliated services)	0	XXX	XXX	XXX	XXX	0	0	0	0	0
	7.6 Other Expenses (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	7.7 Subtotal before Reimbursements and Taxes (Lines 7.1 to 7.6)	0	0	0	0	0	0	0	0	0	0
	7.8 Reimbursements by uninsured plans and fiscal intermediaries	0	0	0	0	0	0	0	0	0	0
	7.9 Taxes, Licenses and Fees (in total, for tying purposes)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0
	7.10 Total (7.7 to 7.9)	0	0	0	0	0	0	0	0	0	0
	7.11 Total Fraud and Abuse Detection/Recovery Expenses included in Column 7 (informational only)	0	0	0	0	0	0	0	0	0	0
8.	Large Group Expatriate Plans Expenses:										
	8.1 Salaries (including $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	8.2 Outsourced Services	0	0	0	0	0	0	0	0	0	0
	8.3 EDP Equipment and Software (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	8.4 Other Equipment (excl. EDP) (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	8.5 Accreditation and Certification (incl $ 0 for affiliated services)	0	XXX	XXX	XXX	XXX	0	0	0	0	0
	8.6 Other Expenses (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	8.7 Subtotal before Reimbursements and Taxes (Lines 8.1 to 8.6)	0	0	0	0	0	0	0	0	0	0
	8.8 Reimbursements by uninsured plans and fiscal intermediaries	0	0	0	0	0	0	0	0	0	0
	8.9 Taxes, Licenses and Fees (in total, for tying purposes)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0
	8.10 Total (8.7 to 8.9)	0	0	0	0	0	0	0	0	0	0
	8.11 Total Fraud and Abuse Detection/Recovery Expenses included in Column 7 (informational only)	0	0	0	0	0	0	0	0	0	0
9.	Student Health Plans Expenses:										
	9.1 Salaries (including $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	9.2 Outsourced Services	0	0	0	0	0	0	0	0	0	0
	9.3 EDP Equipment and Software (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	9.4 Other Equipment (excl. EDP) (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	9.5 Accreditation and Certification (incl $ 0 for affiliated services)	0	XXX	XXX	XXX	XXX	0	0	0	0	0
	9.6 Other Expenses (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	9.7 Subtotal before Reimbursements and Taxes (Lines 9.1 to 9.6)	0	0	0	0	0	0	0	0	0	0
	9.8 Reimbursements by uninsured plans and fiscal intermediaries	0	0	0	0	0	0	0	0	0	0
	9.9 Taxes, Licenses and Fees (in total, for tying purposes)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0
	9.10 Total (9.7 to 9.9)	0	0	0	0	0	0	0	0	0	0
	9.11 Total Fraud and Abuse Detection/Recovery Expenses included in Column 7 (informational only)	0	0	0	0	0	0	0	0	0	0

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SUPPLEMENT FOR THE YEAR 2018 OF THE UnitedHealthcare Insurance Company

SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 1

(To Be Filed by April 1 - Not for Rebate Purposes - See Cautionary Statement at http://www.naic.org/documents/committees_e_app_blanks_related_shce_cautionary_statement.pdf)

REPORT FOR: 1. CORPORATION UnitedHealthcare Insurance Company 2. 185 Asylum Street Hartford, CT 061033408 (LOCATION)

NAIC Group Code 0707 BUSINESS IN THE STATE OF Puerto Rico DURING THE YEAR 2018 NAIC Company Code 79413

	Business Subject to MLR									10	11	12	13	14	15
	Comprehensive Health Coverage			Mini-Med Plans			Expatriate Plans		9						
	1 Individual	2 Small Group Employer	3 Large Group Employer	4 Individual	5 Small Group Employer	6 Large Group Employer	7 Small Group	8 Large Group	Student Health Plans	Government Business (excluded by statute)	Other Health Business	Medicare Advantage Part C and Medicare Part D Stand-Alone Subject to ACA	Subtotal (Cols. 1 through 12)	Uninsured Plans	Total 13 + 14
1. Premium:															
1.1 Health premiums earned (From Part 2, Line 1.11)	0	0	0	0	0	0	0	0	0	0	10,149,657	4,584,598	14,734,255	XXX	14,734,255
1.2 Federal high risk pools	0	0	0	0	0	0	0	0	0	0	0	0	0	XXX	0
1.3 State high risk pools	0	0	0	0	0	0	0	0	0	0	5,968	0	5,968	XXX	5,968
1.4 Premiums earned including state and federal high risk programs (Lines 1.1 + 1.2 + 1.3)	0	0	0	0	0	0	0	0	0	0	10,155,625	4,584,598	14,740,223	XXX	14,740,223
1.5 Federal taxes and federal assessments	0	0	0	0	0	0	0	0	0	0	86,804	271,530	358,333	0	358,333
1.6 State insurance, premium and other taxes (Similar local taxes of $ 2,622)	0	0	0	0	0	0	0	0	0	0	161,429	598	162,027	0	162,027
1.6a Community Benefit Expenditures (informational only)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
1.7 Regulatory authority licenses and fees	0	0	0	0	0	0	0	0	0	0	(2,529)	0	(2,529)	0	(2,529)
1.8 Adjusted Premiums Earned (Lines 1.4 - 1.5 - 1.6 - 1.7)	0	0	0	0	0	0	0	0	0	0	9,909,921	4,312,471	14,222,392	XXX	14,222,392
1.9 Net Assumed less Ceded reinsurance premiums earned	0	0	0	0	0	0	0	0	0	0	0	0	0	XXX	0
1.10 Other Adjustments due to MLR calculations - Premiums	0	0	0	0	0	0	0	0	0	0	0	10,902	10,902	XXX	10,902
1.11 Risk Revenue	0	0	0	0	0	0	0	0	0	0	0	0	0	XXX	0
1.12 Net adjusted premiums earned after reinsurance (Lines 1.8 + 1.9 + 1.10 + 1.11)	0	0	0	0	0	0	0	0	0	0	9,909,921	4,323,373	14,233,294	XXX	14,233,294
2. Claims:															
2.1 Incurred claims excluding prescription drugs	0	0	0	0	0	0	0	0	0	0	6,735,683	(119)	6,735,565	XXX	6,735,565
2.2 Prescription drugs	0	0	0	0	0	0	0	0	0	0	64,678	6,049,905	6,114,583	XXX	6,114,583
2.3 Pharmaceutical rebates	0	0	0	0	0	0	0	0	0	0	20,172	3,112,066	3,132,238	XXX	3,132,238
2.4 State stop loss, market stabilization and claim/census based assessments (informational only)	0	0	0	0	0	0	0	0	0	0	0	0	0	XXX	0
3. Incurred medical incentive pools and bonuses	0	0	0	0	0	0	0	0	0	0	0	0	0	XXX	0
4. Deductible Fraud and Abuse Detection/Recovery Expenses (for MLR use only)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
5. 5.0 Total Incurred Claims (Lines 2.1 + 2.2 - 2.3 + 3) (From Part 2, Line 2.15)	0	0	0	0	0	0	0	0	0	0	6,780,189	2,937,721	9,717,910	XXX	9,717,910
5.1 Net Assumed less Ceded reinsurance claims incurred	0	0	0	0	0	0	0	0	0	0	0	0	0	XXX	0
5.2 Other Adjustments due to MLR calculations - Claims	0	0	0	0	0	0	0	0	0	0	0	0	0	XXX	0
5.3 Rebates paid	0	0	0	0	0	0	0	0	0	XXX	XXX	0	0	XXX	0
5.4 Estimated rebates unpaid prior year	0	0	0	0	0	0	0	0	0	XXX	XXX	0	0	XXX	0
5.5 Estimated rebates unpaid current year	0	0	0	0	0	0	0	0	0	XXX	XXX	0	0	XXX	0
5.6 Fee for service and co-pay revenue	0	0	0	0	0	0	0	0	0	0	0	0	0	XXX	0
5.7 Net incurred claims after reinsurance (Lines 5.0 + 5.1 + 5.2 + 5.3 - 5.4 + 5.5 - 5.6)	0	0	0	0	0	0	0	0	0	0	6,780,189	2,937,721	9,717,910	XXX	9,717,910
6. Improving Health Care Quality Expenses Incurred:															
6.1 Improve health outcomes	0	0	0	0	0	0	0	0	0	0	24,996	7,631	32,627	0	32,627
6.2 Activities to prevent hospital readmissions	0	0	0	0	0	0	0	0	0	0	13	2,253	2,266	0	2,266
6.3 Improve patient safety and reduce medical errors	0	0	0	0	0	0	0	0	0	0	15	17,132	17,146	0	17,146
6.4 Wellness and health promotion activities	0	0	0	0	0	0	0	0	0	0	114,047	(4,663)	109,384	0	109,384
6.5 Health Information Technology expenses related to health improvement	0	0	0	0	0	0	0	0	0	0	5,081	16,065	21,145	0	21,145
6.6 Total of Defined Expenses Incurred for Improving Health Care Quality (Lines 6.1+6.2+6.3+6.4+6.5)	0	0	0	0	0	0	0	0	0	0	144,152	38,417	182,570	0	182,570
7. Preliminary Medical Loss Ratio: MLR ((Lines 4 + 5.0 + 6.6 - Footnote 2.0)/Line 1.8	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	XXX	XXX	0.690	XXX	XXX	XXX
8. Claims Adjustment Expenses:															
8.1 Cost containment expenses not included in quality of care expenses in Line 6.6	0	0	0	0	0	0	0	0	0	0	1,660	167,611	169,271	0	169,271
8.2 All other claims adjustment expenses	0	0	0	0	0	0	0	0	0	0	306,074	363,684	669,758	0	669,758
8.3 Total claims adjustment expenses (Lines 8.1 + 8.2)	0	0	0	0	0	0	0	0	0	0	307,734	531,295	839,029	0	839,029
9. Claims Adjustment Expense Ratio (Line 8.3/Line 1.8)	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.031	0.123	XXX	XXX	XXX

SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 1 (Continued)

	Business Subject to MLR									10	11	12	13	14	15
	Comprehensive Health Coverage			Mini-Med Plans			Expatriate Plans		9						
	1 Individual	2 Small Group Employer	3 Large Group Employer	4 Individual	5 Small Group Employer	6 Large Group Employer	7 Small Group	8 Large Group	Student Health Plans	Government Business (excluded by statute)	Other Health Business	Medicare Advantage Part C and Medicare Part D Stand-Alone Subject to ACA	Subtotal (Cols. 1 through 12)	Uninsured Plans	Total 13 + 14
10. General and Administrative (G&A) Expenses:															
10.1 Direct sales salaries and benefits	0	0	0	0	0	0	0	0	0	0	28,673	12,536	41,209	0	41,209
10.2 Agents and brokers fees and commissions	0	0	0	0	0	0	0	0	0	0	506,285	275	506,560	0	506,560
10.3 Other taxes (excluding taxes on Lines 1.5 through 1.7 and Line 14 below)	0	0	0	0	0	0	0	0	0	0	42,741	9,545	52,286	0	52,286
10.4 Other general and administrative expenses	0	0	0	0	0	0	0	0	0	0	1,750,919	266,177	2,017,096	0	2,017,096
10.4a Community Benefit Expenditures (informational only)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
10.5 Total general and administrative (Lines 10.1 +10.2 + 10.3 + 10.4)	0	0	0	0	0	0	0	0	0	0	2,328,619	288,533	2,617,151	0	2,617,151
11. Underwriting Gain/(Loss) (Lines 1.12 - 5.7 - 6.6 - 8.3 - 10.5)	0	0	0	0	0	0	0	0	0	0	349,228	527,407	876,634	XXX	876,634
12. Income from fees of uninsured plans	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0
13. Net investment and other gain/(loss)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	(366)	XXX	(366)
14. Federal income taxes (excluding taxes on Line 1.5 above)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	XXX	0
15. Net gain or (loss) (Lines 11 + 12 + 13 - 14)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	876,269	XXX	876,269
16. ICD-10 Implementation Expenses (informational only; already included in general expenses and line 10.4)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
16. 16a ICD-10 Implementation Expenses (informational only; already included in line 10.4)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
OTHER INDICATORS:															
1. Number of certificates/policies	0	0	0	0	0	0	0	0	0	0	11,229	5,457	16,686	0	16,686
2. Number of Covered Lives	0	0	0	0	0	0	0	0	0	0	10,652	5,457	16,109	0	16,109
3. Number of Groups	XXX	0	0	XXX	0	0	0	0	0	0	0	0	0	0	0
4. Member Months	0	0	0	0	0	0	0	0	0	0	129,971	66,606	196,577	0	196,577

Is run off business reported in Columns 1 through 9 or 12? Yes [ ] No [ ] If yes, show the amount of premiums and claims included. Premiums $ 0 Claims $ 0

216-2.PR

AFFORDABLE CARE ACT (ACA) RECEIPTS, PAYMENTS, RECEIVABLES and PAYABLES

	Current Year		Prior Year	
	Comprehensive Health Coverage		Comprehensive Health Coverage	
	1 Individual Plans	2 Small Group Employer Plans	3 Individual Plans	4 Small Group Employer Plans
ACA Receivables and Payables				
1. Permanent ACA Risk Adjustment Program				
1.0 Premium adjustments receivable/(payable)	0	0	0	0
2. Transitional ACA Reinsurance Program				
2.0 Total amounts recoverable for claims (paid & unpaid)	0	XXX	0	XXX
3. Temporary ACA Risk Corridors Program				
3.1 Accrued retrospective premium	0	0	0	0
3.2 Reserve for rate credits or policy experience refunds	0	0	0	0
ACA Receipts and Payments				
4. Permanent ACA Risk Adjustment Program				
4.0 Premium adjustments receipts/(payments)	0	0	0	0
5. Transitional ACA Reinsurance Program				
5.0 Amounts received for claims	0	XXX	0	XXX
6. Temporary ACA Risk Corridors Program				
6.1 Retrospective premium received	0	0	0	0
6.2 Rate credits or policy experience refunds paid	0	0	0	0

SUPPLEMENT FOR THE YEAR 2018 OF THE UnitedHealthcare Insurance Company

SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 2

(To Be Filed by April 1 - Not for Rebate Purposes)

REPORT FOR: 1. CORPORATION UnitedHealthcare Insurance Company 2. 185 Asylum Street Hartford, CT 061033408 (LOCATION)

NAIC Group Code 0707 BUSINESS IN THE STATE OF Puerto Rico DURING THE YEAR 2018 NAIC Company Code 79413

	Business Subject to MLR									10	11	12	13
	Comprehensive Health Coverage			Mini-Med Plans			Expatriate Plans:		9				
	1 Individual	2 Small Group Employer	3 Large Group Employer	4 Individual	5 Small Group Employer	6 Large Group Employer	7 Small Group	8 Large Group	Student Health Plans	Government Business (excluded by statute)	Other Health Business	Medicare Advantage Part C and Medicare Part D Stand-Alone Subject to ACA	Total (a)
1. Health Premiums Earned:													
1.1 Direct premiums written	0	0	0	0	0	0	0	0	0	0	10,149,657	4,595,500	14,745,157
1.2 Unearned premium prior year	0	0	0	0	0	0	0	0	0	0	0	0	0
1.3 Unearned premium current year	0	0	0	0	0	0	0	0	0	0	0	0	0
1.4 Change in unearned premium (Lines 1.2 - 1.3)	0	0	0	0	0	0	0	0	0	0	0	0	0
1.5 Paid rate credits	0	0	0	0	0	0	0	0	0	0	(1,076,002)	5,798	(1,070,204)
1.6 Reserve for rate credits current year	0	0	0	0	0	0	0	0	0	0	0	25,858	25,858
1.7 Reserve for rate credits prior year	0	0	0	0	0	0	0	0	0	0	0	31,514	31,514
1.8 Change in reserve for rate credits (Lines 1.6 - 1.7)	0	0	0	0	0	0	0	0	0	0	0	(5,656)	(5,656)
1.9 Premium balances written off	0	0	0	0	0	0	0	0	0	0	0	10,902	10,902
1.10 Group conversion charge	0	0	0	0	0	0	0	0	0	0	0	0	0
1.11 Total direct premiums earned (Lines 1.1 + 1.4 - 1.9 + 1.10)	0	0	0	0	0	0	0	0	0	0	10,149,657	4,584,598	14,734,255
1.12 Assumed premiums earned from non-affiliates	0	0	0	0	0	0	0	0	0	0	0	0	0
1.13 Net Assumed less Ceded premiums earned from affiliates	0	0	0	0	0	0	0	0	0	0	0	0	0
1.14 Ceded premiums earned to non-affiliates	0	0	0	0	0	0	0	0	0	0	0	0	0
1.15 Other Adjustments due to MLR calculation - Premiums	0	0	0	0	0	0	0	0	0	0	0	10,902	10,902
1.16 Net premiums earned (Lines 1.11 - 1.5 - 1.8 + 1.12 + 1.13 - 1.14 + 1.15)	0	0	0	0	0	0	0	0	0	0	11,225,659	4,595,358	15,821,016
2. Direct Claims Incurred:													
2.1 Paid claims during the year	0	0	0	0	0	0	0	0	0	0	7,742,531	3,210,185	10,952,717
2.2 Direct claim liability current year	0	0	0	0	0	0	0	0	0	0	903,717	80,157	983,875
2.3 Direct claim liability prior year	0	0	0	0	0	0	0	0	0	0	816,382	323,135	1,139,516
2.4 Direct claim reserves current year	0	0	0	0	0	0	0	0	0	0	231,847	0	231,847
2.5 Direct claim reserves prior year	0	0	0	0	0	0	0	0	0	0	199,777	0	199,777
2.6 Direct contract reserves current year	0	0	0	0	0	0	0	0	0	0	0	0	0
2.7 Direct contract reserves prior year	0	0	0	0	0	0	0	0	0	0	75	0	75
2.8 Paid rate credits	0	0	0	0	0	0	0	0	0	0	(1,076,002)	5,798	(1,070,204)
2.9 Reserve for rate credits current year	0	0	0	0	0	0	0	0	0	0	0	25,858	25,858
2.10 Reserve for rate credits prior year	0	0	0	0	0	0	0	0	0	0	0	31,514	31,514
2.11 Incurred medical incentive pools and bonuses (Lines 2.11a + 2.11b - 2.11c)	0	0	0	0	0	0	0	0	0	0	0	0	0
2.11a Paid medical incentive pools and bonuses current year	0	0	0	0	0	0	0	0	0	0	0	0	0
2.11b Accrued medical incentive pools and bonuses current year	0	0	0	0	0	0	0	0	0	0	0	0	0
2.11c Accrued medical incentive pools and bonuses prior year	0	0	0	0	0	0	0	0	0	0	0	0	0
2.12 Net healthcare receivables (Lines 2.12a - 2.12b)	0	0	0	0	0	0	0	0	0	0	5,671	29,629	35,301
2.12a Healthcare receivables current year	0	0	0	0	0	0	0	0	0	0	5,671	1,220,280	1,225,951
2.12b Healthcare receivables prior year	0	0	0	0	0	0	0	0	0	0	0	1,190,651	1,190,651
2.13 Group conversion charge	0	0	0	0	0	0	0	0	0	0	0	0	0
2.14 Multi-option coverage blended rate adjustment	0	0	0	0	0	0	0	0	0	0	0	0	0
2.15 Total incurred claims (Lines 2.1 + 2.2 - 2.3 + 2.4 - 2.5 + 2.6 - 2.7 + 2.8 + 2.9 - 2.10 + 2.11 - 2.12 + 2.13 + 2.14)	0	0	0	0	0	0	0	0	0	0	6,780,189	2,937,721	9,717,910
2.16 Assumed incurred claims from non-affiliates	0	0	0	0	0	0	0	0	0	0	0	0	0
2.17 Net assumed less ceded incurred claims from affiliates	0	0	0	0	0	0	0	0	0	0	0	0	0
2.18 Ceded incurred claims to non-affiliates	0	0	0	0	0	0	0	0	0	0	0	0	0
2.19 Other adjustments due to MLR calculation - Claims	0	0	0	0	0	0	0	0	0	0	0	0	0
2.20 Net Incurred Claims (Lines 2.15 - 2.8 - 2.9 + 2.10 + 2.16 + 2.17 - 2.18 + 2.19)	0	0	0	0	0	0	0	0	0	0	7,856,191	2,937,578	10,793,769
3. Fraud and Abuse Recoveries that Reduced PAID Claims in Line 2.1 above (informational only)	0	0	0	0	0	0	0	0	0	0	0	0	0

(a) Column 13, Line 1.1 includes direct written premium of $ 0 for stand-alone dental and $ 0 for stand-alone vision policies.

SUPPLEMENT FOR THE YEAR 2018 OF THE UnitedHealthcare Insurance Company

SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 3

(To Be Filed by April 1 - Not for Rebate Purposes)

REPORT FOR: 1. CORPORATION UnitedHealthcare Insurance Company 2. 185 Asylum Street Hartford, CT 061033408 (LOCATION)

NAIC Group Code 0707 BUSINESS IN THE STATE OF Puerto Rico DURING THE YEAR 2018 NAIC Company Code 79413

	All Expenses	Improving Health Care Quality Expenses						Claims Adjustment Expenses		9	10
		1 Improve Health Outcomes	2 Activities to Prevent Hospital Readmissions	3 Improve Patient Safety and Reduce Medical Errors	4 Wellness & Health Promotion Activities	5 HIT Expenses	6 Total (1 to 5)	7 Cost Containment Expenses	8 Other Claims Adjustment Expenses	General Administrative Expenses	Total Expenses (6 to 9)
1.	Individual Comprehensive Coverage Expenses:										
	1.1 Salaries (including $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	1.2 Outsourced Services	0	0	0	0	0	0	0	0	0	0
	1.3 EDP Equipment and Software (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	1.4 Other Equipment (excl. EDP) (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	1.5 Accreditation and Certification (incl $ 0 for affiliated services)	0	XXX	XXX	XXX	XXX	0	0	0	0	0
	1.6 Other Expenses (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	1.7 Subtotal before Reimbursements and Taxes (Lines 1.1 to 1.6)	0	0	0	0	0	0	0	0	0	0
	1.8 Reimbursements by uninsured plans and fiscal intermediaries	0	0	0	0	0	0	0	0	0	0
	1.9 Taxes, Licenses and Fees (in total, for tying purposes)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0
	1.10 Total (1.7 to 1.9)	0	0	0	0	0	0	0	0	0	0
	1.11 Total Fraud and Abuse Detection/Recovery Expenses included in Column 7 (informational only)	0	0	0	0	0	0	0	0	0	0
2.	Small Group Comprehensive Coverage Expenses:										
	2.1 Salaries (including $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	2.2 Outsourced Services	0	0	0	0	0	0	0	0	0	0
	2.3 EDP Equipment and Software (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	2.4 Other Equipment (excl. EDP) (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	2.5 Accreditation and Certification (incl $ 0 for affiliated services)	0	XXX	XXX	XXX	XXX	0	0	0	0	0
	2.6 Other Expenses (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	2.7 Subtotal before Reimbursements and Taxes (Lines 2.1 to 2.6)	0	0	0	0	0	0	0	0	0	0
	2.8 Reimbursements by uninsured plans and fiscal intermediaries	0	0	0	0	0	0	0	0	0	0
	2.9 Taxes, Licenses and Fees (in total, for tying purposes)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0
	2.10 Total (2.7 to 2.9)	0	0	0	0	0	0	0	0	0	0
	2.11 Total Fraud and Abuse Detection/Recovery Expenses included in Column 7 (informational only)	0	0	0	0	0	0	0	0	0	0
3.	Large Group Comprehensive Coverage Expenses:										
	3.1 Salaries (including $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	3.2 Outsourced Services	0	0	0	0	0	0	0	0	0	0
	3.3 EDP Equipment and Software (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	3.4 Other Equipment (excl. EDP) (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	3.5 Accreditation and Certification (incl $ 0 for affiliated services)	0	XXX	XXX	XXX	XXX	0	0	0	0	0
	3.6 Other Expenses (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	3.7 Subtotal before Reimbursements and Taxes (Lines 3.1 to 3.6)	0	0	0	0	0	0	0	0	0	0
	3.8 Reimbursements by uninsured plans and fiscal intermediaries	0	0	0	0	0	0	0	0	0	0
	3.9 Taxes, Licenses and Fees (in total, for tying purposes)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0
	3.10 Total (3.7 to 3.9)	0	0	0	0	0	0	0	0	0	0
	3.11 Total Fraud and Abuse Detection/Recovery Expenses included in Column 7 (informational only)	0	0	0	0	0	0	0	0	0	0

SUPPLEMENT FOR THE YEAR 2018 OF THE UnitedHealthcare Insurance Company

SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 3 (Continued)

	All Expenses	Improving Health Care Quality Expenses						Claims Adjustment Expenses		9	10
		1 Improve Health Outcomes	2 Activities to Prevent Hospital Readmissions	3 Improve Patient Safety and Reduce Medical Errors	4 Wellness & Health Promotion Activities	5 HIT Expenses	6 Total (1 to 5)	7 Cost Containment Expenses	8 Other Claims Adjustment Expenses	General Administrative Expenses	Total Expenses (6 to 9)
4.	Individual Mini-Med Plans Expenses:										
	4.1 Salaries (including $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	4.2 Outsourced Services	0	0	0	0	0	0	0	0	0	0
	4.3 EDP Equipment and Software (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	4.4 Other Equipment (excl. EDP) (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	4.5 Accreditation and Certification (incl $ 0 for affiliated services)	0	XXX	XXX	XXX	XXX	0	0	0	0	0
	4.6 Other Expenses (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	4.7 Subtotal before Reimbursements and Taxes (Lines 4.1 to 4.6)	0	0	0	0	0	0	0	0	0	0
	4.8 Reimbursements by uninsured plans and fiscal intermediaries	0	0	0	0	0	0	0	0	0	0
	4.9 Taxes, Licenses and Fees (in total, for tying purposes)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0
	4.10 Total (4.7 to 4.9)	0	0	0	0	0	0	0	0	0	0
	4.11 Total Fraud and Abuse Detection/Recovery Expenses included in Column 7 (informational only)	0	0	0	0	0	0	0	0	0	0
5.	Small Group Mini-Med Plans Expenses:										
	5.1 Salaries (including $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	5.2 Outsourced Services	0	0	0	0	0	0	0	0	0	0
	5.3 EDP Equipment and Software (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	5.4 Other Equipment (excl. EDP) (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	5.5 Accreditation and Certification (incl $ 0 for affiliated services)	0	XXX	XXX	XXX	XXX	0	0	0	0	0
	5.6 Other Expenses (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	5.7 Subtotal before Reimbursements and Taxes (Lines 5.1 to 5.6)	0	0	0	0	0	0	0	0	0	0
	5.8 Reimbursements by uninsured plans and fiscal intermediaries	0	0	0	0	0	0	0	0	0	0
	5.9 Taxes, Licenses and Fees (in total, for tying purposes)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0
	5.10 Total (5.7 to 5.9)	0	0	0	0	0	0	0	0	0	0
	5.11 Total Fraud and Abuse Detection/Recovery Expenses included in Column 7 (informational only)	0	0	0	0	0	0	0	0	0	0
6.	Large Group Mini-Med Plans Expenses:										
	6.1 Salaries (including $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	6.2 Outsourced Services	0	0	0	0	0	0	0	0	0	0
	6.3 EDP Equipment and Software (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	6.4 Other Equipment (excl. EDP) (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	6.5 Accreditation and Certification (incl $ 0 for affiliated services)	0	XXX	XXX	XXX	XXX	0	0	0	0	0
	6.6 Other Expenses (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	6.7 Subtotal before Reimbursements and Taxes (Lines 6.1 to 6.6)	0	0	0	0	0	0	0	0	0	0
	6.8 Reimbursements by uninsured plans and fiscal intermediaries	0	0	0	0	0	0	0	0	0	0
	6.9 Taxes, Licenses and Fees (in total, for tying purposes)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0
	6.10 Total (6.7 to 6.9)	0	0	0	0	0	0	0	0	0	0
	6.11 Total Fraud and Abuse Detection/Recovery Expenses included in Column 7 (informational only)	0	0	0	0	0	0	0	0	0	0

SUPPLEMENT FOR THE YEAR 2018 OF THE UnitedHealthcare Insurance Company

SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 3 (Continued)

	All Expenses	Improving Health Care Quality Expenses						Claims Adjustment Expenses		9	10
		1 Improve Health Outcomes	2 Activities to Prevent Hospital Readmissions	3 Improve Patient Safety and Reduce Medical Errors	4 Wellness & Health Promotion Activities	5 HIT Expenses	6 Total (1 to 5)	7 Cost Containment Expenses	8 Other Claims Adjustment Expenses	General Administrative Expenses	Total Expenses (6 to 9)
7.	Small Group Expatriate Plans Expenses:										
	7.1 Salaries (including $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	7.2 Outsourced Services	0	0	0	0	0	0	0	0	0	0
	7.3 EDP Equipment and Software (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	7.4 Other Equipment (excl. EDP) (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	7.5 Accreditation and Certification (incl $ 0 for affiliated services)	0	XXX	XXX	XXX	XXX	0	0	0	0	0
	7.6 Other Expenses (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	7.7 Subtotal before Reimbursements and Taxes (Lines 7.1 to 7.6)	0	0	0	0	0	0	0	0	0	0
	7.8 Reimbursements by uninsured plans and fiscal intermediaries	0	0	0	0	0	0	0	0	0	0
	7.9 Taxes, Licenses and Fees (in total, for tying purposes)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0
	7.10 Total (7.7 to 7.9)	0	0	0	0	0	0	0	0	0	0
	7.11 Total Fraud and Abuse Detection/Recovery Expenses included in Column 7 (informational only)	0	0	0	0	0	0	0	0	0	0
8.	Large Group Expatriate Plans Expenses:										
	8.1 Salaries (including $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	8.2 Outsourced Services	0	0	0	0	0	0	0	0	0	0
	8.3 EDP Equipment and Software (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	8.4 Other Equipment (excl. EDP) (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	8.5 Accreditation and Certification (incl $ 0 for affiliated services)	0	XXX	XXX	XXX	XXX	0	0	0	0	0
	8.6 Other Expenses (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	8.7 Subtotal before Reimbursements and Taxes (Lines 8.1 to 8.6)	0	0	0	0	0	0	0	0	0	0
	8.8 Reimbursements by uninsured plans and fiscal intermediaries	0	0	0	0	0	0	0	0	0	0
	8.9 Taxes, Licenses and Fees (in total, for tying purposes)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0
	8.10 Total (8.7 to 8.9)	0	0	0	0	0	0	0	0	0	0
	8.11 Total Fraud and Abuse Detection/Recovery Expenses included in Column 7 (informational only)	0	0	0	0	0	0	0	0	0	0
9.	Student Health Plans Expenses:										
	9.1 Salaries (including $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	9.2 Outsourced Services	0	0	0	0	0	0	0	0	0	0
	9.3 EDP Equipment and Software (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	9.4 Other Equipment (excl. EDP) (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	9.5 Accreditation and Certification (incl $ 0 for affiliated services)	0	XXX	XXX	XXX	XXX	0	0	0	0	0
	9.6 Other Expenses (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	9.7 Subtotal before Reimbursements and Taxes (Lines 9.1 to 9.6)	0	0	0	0	0	0	0	0	0	0
	9.8 Reimbursements by uninsured plans and fiscal intermediaries	0	0	0	0	0	0	0	0	0	0
	9.9 Taxes, Licenses and Fees (in total, for tying purposes)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0
	9.10 Total (9.7 to 9.9)	0	0	0	0	0	0	0	0	0	0
	9.11 Total Fraud and Abuse Detection/Recovery Expenses included in Column 7 (informational only)	0	0	0	0	0	0	0	0	0	0

SUPPLEMENT FOR THE YEAR 2018 OF THE UnitedHealthcare Insurance Company

SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 1

(To Be Filed by April 1 - Not for Rebate Purposes - See Cautionary Statement at http://www.naic.org/documents/committees_e_app_blanks_related_shce_cautionary_statement.pdf)

REPORT FOR: 1. CORPORATION UnitedHealthcare Insurance Company 2. 185 Asylum Street Hartford, CT 061033408 (LOCATION)

NAIC Group Code 0707 BUSINESS IN THE STATE OF U.S. Virgin Islands DURING THE YEAR 2018 NAIC Company Code 79413

	Business Subject to MLR								9	10	11	12	13	14	15
	Comprehensive Health Coverage			Mini-Med Plans			Expatriate Plans								
	1 Individual	2 Small Group Employer	3 Large Group Employer	4 Individual	5 Small Group Employer	6 Large Group Employer	7 Small Group	8 Large Group	Student Health Plans	Government Business (excluded by statute)	Other Health Business	Medicare Advantage Part C and Medicare Part D Stand-Alone Subject to ACA	Subtotal (Cols. 1 through 12)	Uninsured Plans	Total 13 + 14
1. Premium:															
1.1 Health premiums earned (From Part 2, Line 1.11)	310,182	32,330,308	11,679,930	0	0	0	0	0	0	0	22,291,001	23,103,880	89,715,301	XXX	89,715,301
1.2 Federal high risk pools	0	0	0	0	0	0	0	0	0	0	0	0	0	XXX	0
1.3 State high risk pools	(1)	(96)	(7)	0	0	0	0	0	0	0	8,760	0	8,656	XXX	8,656
1.4 Premiums earned including state and federal high risk programs (Lines 1.1 + 1.2 + 1.3)	310,181	32,330,212	11,679,924	0	0	0	0	0	0	0	22,299,761	23,103,880	89,723,957	XXX	89,723,957
1.5 Federal taxes and federal assessments	(12,789)	219,956	418,443	0	0	0	0	0	0	0	394,996	1,116,123	2,136,731	0	2,136,731
1.6 State insurance, premium and other taxes (Similar local taxes of $ 9,534)	14,916	1,552,683	577,301	0	0	0	0	0	0	0	612,805	1,650	2,759,356	0	2,759,356
1.6a Community Benefit Expenditures (informational only)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
1.7 Regulatory authority licenses and fees	1	145	45	0	0	0	0	0	0	0	(3,717)	0	(3,526)	0	(3,526)
1.8 Adjusted Premiums Earned (Lines 1.4 - 1.5 - 1.6 - 1.7)	308,052	30,557,427	10,684,135	0	0	0	0	0	0	0	21,295,676	21,986,106	84,831,396	XXX	84,831,396
1.9 Net Assumed less Ceded reinsurance premiums earned	0	0	(172,091)	0	0	0	0	0	0	0	0	0	(172,091)	XXX	(172,091)
1.10 Other Adjustments due to MLR calculations - Premiums	0	2,902	0	0	0	0	0	0	0	0	187	16,406	19,495	XXX	19,495
1.11 Risk Revenue	0	0	0	0	0	0	0	0	0	0	0	0	0	XXX	0
1.12 Net adjusted premiums earned after reinsurance (Lines 1.8 + 1.9 + 1.10 + 1.11)	308,052	30,560,329	10,512,043	0	0	0	0	0	0	0	21,295,864	22,002,512	84,678,800	XXX	84,678,800
2. Claims:															
2.1 Incurred claims excluding prescription drugs	315,499	25,049,075	6,798,251	0	0	0	0	0	0	0	11,904,497	11,151,878	55,219,199	XXX	55,219,199
2.2 Prescription drugs	19,446	3,552,852	2,320,522	0	0	0	0	0	0	0	3,983,026	11,556,659	21,432,505	XXX	21,432,505
2.3 Pharmaceutical rebates	4,137	709,131	358,536	0	0	0	0	0	0	0	3,959	6,181,269	7,257,032	XXX	7,257,032
2.4 State stop loss, market stabilization and claim/census based assessments (informational only)	0	47,747	30,519	0	0	0	0	0	0	0	0	0	78,266	XXX	78,266
3. Incurred medical incentive pools and bonuses	0	906	93	0	0	0	0	0	0	0	0	0	999	XXX	999
4. Deductible Fraud and Abuse Detection/Recovery Expenses (for MLR use only)	0	87	41	0	0	0	0	0	0	0	0	15,388	15,516	0	15,516
5. 5.0 Total Incurred Claims (Lines 2.1 + 2.2 - 2.3 + 3) (From Part 2, Line 2.15)	330,809	27,893,702	8,760,330	0	0	0	0	0	0	0	15,883,563	16,527,268	69,395,671	XXX	69,395,671
5.1 Net Assumed less Ceded reinsurance claims incurred	0	0	(96,547)	0	0	0	0	0	0	0	0	0	(96,547)	XXX	(96,547)
5.2 Other Adjustments due to MLR calculations - Claims	0	0	0	0	0	0	0	0	0	0	0	0	0	XXX	0
5.3 Rebates paid	0	0	0	0	0	0	0	0	0	XXX	XXX	0	0	XXX	0
5.4 Estimated rebates unpaid prior year	0	0	0	0	0	0	0	0	0	XXX	XXX	0	0	XXX	0
5.5 Estimated rebates unpaid current year	0	0	0	0	0	0	0	0	0	XXX	XXX	0	0	XXX	0
5.6 Fee for service and co-pay revenue	0	0	0	0	0	0	0	0	0	0	0	0	0	XXX	0
5.7 Net incurred claims after reinsurance (Lines 5.0 + 5.1 + 5.2 + 5.3 - 5.4 + 5.5 - 5.6)	330,809	27,893,702	8,663,783	0	0	0	0	0	0	0	15,883,563	16,527,268	69,299,125	XXX	69,299,125
6. Improving Health Care Quality Expenses Incurred:															
6.1 Improve health outcomes	2,481	258,642	93,439	0	0	0	0	0	0	0	210,548	55,108	620,219	0	620,219
6.2 Activities to prevent hospital readmissions	0	0	0	0	0	0	0	0	0	0	228,308	24,192	252,500	0	252,500
6.3 Improve patient safety and reduce medical errors	0	0	0	0	0	0	0	0	0	0	170,978	43,920	214,899	0	214,899
6.4 Wellness and health promotion activities	0	0	0	0	0	0	0	0	0	0	170,458	24,228	194,687	0	194,687
6.5 Health Information Technology expenses related to health improvement	0	0	0	0	0	0	0	0	0	0	48,466	76,919	125,385	0	125,385
6.6 Total of Defined Expenses Incurred for Improving Health Care Quality (Lines 6.1+6.2+6.3+6.4+6.5)	2,481	258,642	93,439	0	0	0	0	0	0	0	828,760	224,367	1,407,690	0	1,407,690
7. Preliminary Medical Loss Ratio: MLR ((Lines 4 + 5.0 + 6.6 - Footnote 2.0)/Line 1.8	1.082	0.921	0.829	0.000	0.000	0.000	0.000	0.000	0.000	XXX	XXX	0.763	XXX	XXX	XXX
8. Claims Adjustment Expenses:															
8.1 Cost containment expenses not included in quality of care expenses in Line 6.6	3,132	323,659	146,352	0	0	0	0	0	0	0	37,039	235,541	745,723	0	745,723
8.2 All other claims adjustment expenses	4,830	446,969	179,466	0	0	0	0	0	0	0	375,147	854,939	1,861,351	0	1,861,351
8.3 Total claims adjustment expenses (Lines 8.1 + 8.2)	7,962	770,628	325,818	0	0	0	0	0	0	0	412,185	1,090,480	2,607,074	0	2,607,074
9. Claims Adjustment Expense Ratio (Line 8.3/Line 1.8)	0.026	0.025	0.030	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.019	0.050	XXX	XXX	XXX

SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 1 (Continued)

	Business Subject to MLR									10	11	12	13	14	15
	Comprehensive Health Coverage			Mini-Med Plans			Expatriate Plans		9						
	1 Individual	2 Small Group Employer	3 Large Group Employer	4 Individual	5 Small Group Employer	6 Large Group Employer	7 Small Group	8 Large Group	Student Health Plans	Government Business (excluded by statute)	Other Health Business	Medicare Advantage Part C and Medicare Part D Stand-Alone Subject to ACA	Subtotal (Cols. 1 through 12)	Uninsured Plans	Total 13 + 14
10. General and Administrative (G&A) Expenses:															
10.1 Direct sales salaries and benefits	1,131	108,704	48,128	0	0	0	0	0	0	0	49,065	40,111	247,138	0	247,138
10.2 Agents and brokers fees and commissions	14,710	1,793,633	485,850	0	0	0	0	0	0	0	991,185	27,557	3,312,935	0	3,312,935
10.3 Other taxes (excluding taxes on Lines 1.5 through 1.7 and Line 14 below)	425	46,662	14,846	0	0	0	0	0	0	0	57,659	17,818	137,411	0	137,411
10.4 Other general and administrative expenses	12,009	1,917,119	640,505	0	0	0	0	0	0	0	2,402,490	507,193	5,479,316	0	5,479,316
10.4a Community Benefit Expenditures (informational only)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
10.5 Total general and administrative (Lines 10.1 +10.2 + 10.3 + 10.4)	28,276	3,866,119	1,189,329	0	0	0	0	0	0	0	3,500,399	592,679	9,176,801	0	9,176,801
11. Underwriting Gain/(Loss) (Lines 1.12 - 5.7 - 6.6 - 8.3 - 10.5)	(61,475)	(2,228,762)	239,674	0	0	0	0	0	0	0	670,956	3,567,718	2,188,111	XXX	2,188,111
12. Income from fees of uninsured plans	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0
13. Net investment and other gain/(loss)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	(535)	XXX	(535)
14. Federal income taxes (excluding taxes on Line 1.5 above)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	XXX	0
15. Net gain or (loss) (Lines 11 + 12 + 13 - 14)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	2,187,575	XXX	2,187,575
16. ICD-10 Implementation Expenses (informational only; already included in general expenses and line 10.4)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
16. 16a ICD-10 Implementation Expenses (informational only; already included in line 10.4)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
OTHER INDICATORS:															
1. Number of certificates/policies	32	3,087	1,033	0	0	0	0	0	0	0	17,636	12,250	34,038	0	34,038
2. Number of Covered Lives	56	5,099	2,040	0	0	0	0	0	0	0	21,558	12,250	41,003	0	41,003
3. Number of Groups	XXX	573	33	XXX	0	0	0	0	0	0	830	7	1,443	0	1,443
4. Member Months	633	60,832	26,477	0	0	0	0	0	0	0	265,465	147,631	501,038	0	501,038

Is run off business reported in Columns 1 through 9 or 12? Yes [ ] No [ ] If yes, show the amount of premiums and claims included. Premiums $ 0 Claims $ 0

AFFORDABLE CARE ACT (ACA) RECEIPTS, PAYMENTS, RECEIVABLES and PAYABLES

	Current Year Comprehensive Health Coverage		Prior Year Comprehensive Health Coverage	
	1 Individual Plans	2 Small Group Employer Plans	3 Individual Plans	4 Small Group Employer Plans
ACA Receivables and Payables				
1. Permanent ACA Risk Adjustment Program 1.0 Premium adjustments receivable/(payable)	0	0	0	0
2. Transitional ACA Reinsurance Program 2.0 Total amounts recoverable for claims (paid & unpaid)	0	XXX	0	XXX
3. Temporary ACA Risk Corridors Program 3.1 Accrued retrospective premium	0	0	0	0
3.2 Reserve for rate credits or policy experience refunds	0	0	0	0
ACA Receipts and Payments				
4. Permanent ACA Risk Adjustment Program 4.0 Premium adjustments receipts/(payments)	0	0	0	0
5. Transitional ACA Reinsurance Program 5.0 Amounts received for claims	0	XXX	0	XXX
6. Temporary ACA Risk Corridors Program 6.1 Retrospective premium received	0	0	0	0
6.2 Rate credits or policy experience refunds paid	0	0	0	0

SUPPLEMENT FOR THE YEAR 2018 OF THE UnitedHealthcare Insurance Company

SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 2

(To Be Filed by April 1 - Not for Rebate Purposes)

REPORT FOR: 1. CORPORATION UnitedHealthcare Insurance Company 2. 185 Asylum Street Hartford, CT 061033408 (LOCATION)

NAIC Group Code 0707 BUSINESS IN THE STATE OF U.S. Virgin Islands DURING THE YEAR 2018 NAIC Company Code 79413

	Business Subject to MLR												
	Comprehensive Health Coverage			Mini-Med Plans			Expatriate Plans:		9	10	11	12	13
	1	2	3	4	5	6	7	8					
	Individual	Small Group Employer	Large Group Employer	Individual	Small Group Employer	Large Group Employer	Small Group	Large Group	Student Health Plans	Government Business (excluded by statute)	Other Health Business	Medicare Advantage Part C and Medicare Part D Stand-Alone Subject to ACA	Total (a)
1. Health Premiums Earned:													
1.1 Direct premiums written	310,182	32,320,442	11,679,930	0	0	0	0	0	0	0	22,290,321	23,120,285	89,721,160
1.2 Unearned premium prior year	0	11,965	0	0	0	0	0	0	0	0	872	0	12,836
1.3 Unearned premium current year	0	(803)	0	0	0	0	0	0	0	0	4	0	(799)
1.4 Change in unearned premium (Lines 1.2 - 1.3)	0	12,768	0	0	0	0	0	0	0	0	868	0	13,636
1.5 Paid rate credits	0	0	0	0	0	0	0	0	0	0	376,547	(2,777)	373,770
1.6 Reserve for rate credits current year	0	0	0	0	0	0	0	0	0	0	0	(438,003)	(438,003)
1.7 Reserve for rate credits prior year	0	0	0	0	0	0	0	0	0	0	0	4,651	4,651
1.8 Change in reserve for rate credits (Lines 1.6 - 1.7)	0	0	0	0	0	0	0	0	0	0	0	(442,654)	(442,654)
1.9 Premium balances written off	0	2,902	0	0	0	0	0	0	0	0	187	16,406	19,495
1.10 Group conversion charge	0	0	0	0	0	0	0	0	0	0	0	0	0
1.11 Total direct premiums earned (Lines 1.1 + 1.4 - 1.9 + 1.10)	310,182	32,330,308	11,679,930	0	0	0	0	0	0	0	22,291,001	23,103,880	89,715,301
1.12 Assumed premiums earned from non-affiliates	0	0	0	0	0	0	0	0	0	0	0	0	0
1.13 Net Assumed less Ceded premiums earned from affiliates	0	0	0	0	0	0	0	0	0	0	0	0	0
1.14 Ceded premiums earned to non-affiliates	0	0	172,091	0	0	0	0	0	0	0	0	0	172,091
1.15 Other Adjustments due to MLR calculation - Premiums	0	2,902	0	0	0	0	0	0	0	0	187	16,406	19,495
1.16 Net premiums earned (Lines 1.11 - 1.5 - 1.8 + 1.12 + 1.13 - 1.14 + 1.15)	310,182	32,333,210	11,507,839	0	0	0	0	0	0	0	21,914,641	23,565,716	89,631,588
2. Direct Claims Incurred:													
2.1 Paid claims during the year	330,810	27,044,416	8,460,945	0	0	0	0	0	0	0	15,683,780	15,985,082	67,505,032
2.2 Direct claim liability current year	(1)	4,528,830	972,520	0	0	0	0	0	0	0	2,077,499	1,620,487	9,199,334
2.3 Direct claim liability prior year	0	3,729,506	638,074	0	0	0	0	0	0	0	2,231,031	350,529	6,949,139
2.4 Direct claim reserves current year	0	170,972	(26,042)	0	0	0	0	0	0	0	344,642	1,891	491,463
2.5 Direct claim reserves prior year	0	77,411	6,805	0	0	0	0	0	0	0	357,515	0	441,731
2.6 Direct contract reserves current year	0	0	0	0	0	0	0	0	0	0	98,109	0	98,109
2.7 Direct contract reserves prior year	0	0	0	0	0	0	0	0	0	0	107,290	0	107,290
2.8 Paid rate credits	0	0	0	0	0	0	0	0	0	0	376,547	(2,777)	373,770
2.9 Reserve for rate credits current year	0	0	0	0	0	0	0	0	0	0	0	(438,003)	(438,003)
2.10 Reserve for rate credits prior year	0	0	0	0	0	0	0	0	0	0	0	4,651	4,651
2.11 Incurred medical incentive pools and bonuses (Lines 2.11a + 2.11b - 2.11c)	0	906	93	0	0	0	0	0	0	0	0	0	999
2.11a Paid medical incentive pools and bonuses current year	0	472	27	0	0	0	0	0	0	0	0	0	499
2.11b Accrued medical incentive pools and bonuses current year	0	622	66	0	0	0	0	0	0	0	0	0	688
2.11c Accrued medical incentive pools and bonuses prior year	0	188	0	0	0	0	0	0	0	0	0	0	188
2.12 Net healthcare receivables (Lines 2.12a - 2.12b)	0	44,505	2,307	0	0	0	0	0	0	0	1,177	284,231	332,221
2.12a Healthcare receivables current year	0	374,531	109,403	0	0	0	0	0	0	0	1,177	1,931,812	2,416,924
2.12b Healthcare receivables prior year	0	330,026	107,096	0	0	0	0	0	0	0	0	1,647,581	2,084,703
2.13 Group conversion charge	0	0	0	0	0	0	0	0	0	0	0	0	0
2.14 Multi-option coverage blended rate adjustment	0	0	0	0	0	0	0	0	0	0	0	0	0
2.15 Total incurred claims (Lines 2.1 + 2.2 - 2.3 + 2.4 - 2.5 + 2.6 - 2.7 + 2.8 + 2.9 - 2.10 + 2.11 - 2.12 + 2.13 + 2.14)	330,809	27,893,702	8,760,330	0	0	0	0	0	0	0	15,883,563	16,527,268	69,395,671
2.16 Assumed incurred claims from non-affiliates	0	0	0	0	0	0	0	0	0	0	0	0	0
2.17 Net assumed less ceded incurred claims from affiliates	0	0	0	0	0	0	0	0	0	0	0	0	0
2.18 Ceded incurred claims to non-affiliates	0	0	96,547	0	0	0	0	0	0	0	0	0	96,547
2.19 Other adjustments due to MLR calculation - Claims	0	0	0	0	0	0	0	0	0	0	0	0	0
2.20 Net Incurred Claims (Lines 2.15 - 2.8 - 2.9 + 2.10 + 2.16 + 2.17 - 2.18 + 2.19)	330,809	27,893,702	8,663,783	0	0	0	0	0	0	0	15,507,016	16,972,699	69,368,008
3. Fraud and Abuse Recoveries that Reduced PAID Claims in Line 2.1 above (informational only)	0	87	41	0	0	0	0	0	0	0	0	30,263	30,391

(a) Column 13, Line 1.1 includes direct written premium of $ 2,169,124 for stand-alone dental and $ 391,647 for stand-alone vision policies.

SUPPLEMENT FOR THE YEAR 2018 OF THE UnitedHealthcare Insurance Company

SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 3

(To Be Filed by April 1 - Not for Rebate Purposes)

REPORT FOR: 1. CORPORATION UnitedHealthcare Insurance Company 2. 185 Asylum Street Hartford, CT 061033408 (LOCATION)

NAIC Group Code 0707 BUSINESS IN THE STATE OF U.S. Virgin Islands DURING THE YEAR 2018 NAIC Company Code 79413

	All Expenses	Improving Health Care Quality Expenses						Claims Adjustment Expenses		9	10
		1 Improve Health Outcomes	2 Activities to Prevent Hospital Readmissions	3 Improve Patient Safety and Reduce Medical Errors	4 Wellness & Health Promotion Activities	5 HIT Expenses	6 Total (1 to 5)	7 Cost Containment Expenses	8 Other Claims Adjustment Expenses	General Administrative Expenses	Total Expenses (6 to 9)
1.	Individual Comprehensive Coverage Expenses:										
	1.1 Salaries (including $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	1.2 Outsourced Services	0	0	0	0	0	0	0	0	0	0
	1.3 EDP Equipment and Software (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	1.4 Other Equipment (excl. EDP) (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	1.5 Accreditation and Certification (incl $ 0 for affiliated services)	0	XXX	XXX	XXX	XXX	0	0	0	0	0
	1.6 Other Expenses (incl $ 22,885 for affiliated services)	2,481	0	0	0	0	2,481	3,027	4,718	27,771	37,997
	1.7 Subtotal before Reimbursements and Taxes (Lines 1.1 to 1.6)	2,481	0	0	0	0	2,481	3,027	4,718	27,771	37,997
	1.8 Reimbursements by uninsured plans and fiscal intermediaries	0	0	0	0	0	0	0	0	0	0
	1.9 Taxes, Licenses and Fees (in total, for tying purposes)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	15,640	15,640
	1.10 Total (1.7 to 1.9)	2,481	0	0	0	0	2,481	3,027	4,718	43,411	53,637
	1.11 Total Fraud and Abuse Detection/Recovery Expenses included in Column 7 (informational only)	0	0	0	0	0	0	910	0	0	910
2.	Small Group Comprehensive Coverage Expenses:										
	2.1 Salaries (including $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	2.2 Outsourced Services	0	0	0	0	0	0	18,450	0	610,915	629,366
	2.3 EDP Equipment and Software (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	2.4 Other Equipment (excl. EDP) (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	2.5 Accreditation and Certification (incl $ 0 for affiliated services)	0	XXX	XXX	XXX	XXX	0	0	0	0	0
	2.6 Other Expenses (incl $ 2,352,431 for affiliated services)	258,642	0	0	0	0	258,642	295,076	436,181	3,200,854	4,190,753
	2.7 Subtotal before Reimbursements and Taxes (Lines 2.1 to 2.6)	258,642	0	0	0	0	258,642	313,526	436,181	3,811,769	4,820,119
	2.8 Reimbursements by uninsured plans and fiscal intermediaries	0	0	0	0	0	0	0	0	0	0
	2.9 Taxes, Licenses and Fees (in total, for tying purposes)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1,628,099	1,628,099
	2.10 Total (2.7 to 2.9)	258,642	0	0	0	0	258,642	313,526	436,181	5,439,868	6,448,218
	2.11 Total Fraud and Abuse Detection/Recovery Expenses included in Column 7 (informational only)	0	0	0	0	0	0	87,484	0	0	87,484
3.	Large Group Comprehensive Coverage Expenses:										
	3.1 Salaries (including $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	3.2 Outsourced Services	0	0	0	0	0	0	16,401	0	234,031	250,433
	3.3 EDP Equipment and Software (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	3.4 Other Equipment (excl. EDP) (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	3.5 Accreditation and Certification (incl $ 0 for affiliated services)	0	XXX	XXX	XXX	XXX	0	0	0	0	0
	3.6 Other Expenses (incl $ 851,202 for affiliated services)	93,439	0	0	0	0	93,439	125,570	174,887	937,077	1,330,973
	3.7 Subtotal before Reimbursements and Taxes (Lines 3.1 to 3.6)	93,439	0	0	0	0	93,439	141,971	174,887	1,171,109	1,581,406
	3.8 Reimbursements by uninsured plans and fiscal intermediaries	0	0	0	0	0	0	0	0	0	0
	3.9 Taxes, Licenses and Fees (in total, for tying purposes)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	604,526	604,526
	3.10 Total (3.7 to 3.9)	93,439	0	0	0	0	93,439	141,971	174,887	1,775,635	2,185,932
	3.11 Total Fraud and Abuse Detection/Recovery Expenses included in Column 7 (informational only)	0	0	0	0	0	0	38,061	0	0	38,061

SUPPLEMENT FOR THE YEAR 2018 OF THE UnitedHealthcare Insurance Company

SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 3 (Continued)

	All Expenses	Improving Health Care Quality Expenses						Claims Adjustment Expenses		9	10
		1 Improve Health Outcomes	2 Activities to Prevent Hospital Readmissions	3 Improve Patient Safety and Reduce Medical Errors	4 Wellness & Health Promotion Activities	5 HIT Expenses	6 Total (1 to 5)	7 Cost Containment Expenses	8 Other Claims Adjustment Expenses	General Administrative Expenses	Total Expenses (6 to 9)
4.	Individual Mini-Med Plans Expenses:										
	4.1 Salaries (including $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	4.2 Outsourced Services	0	0	0	0	0	0	0	0	0	0
	4.3 EDP Equipment and Software (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	4.4 Other Equipment (excl. EDP) (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	4.5 Accreditation and Certification (incl $ 0 for affiliated services)	0	XXX	XXX	XXX	XXX	0	0	0	0	0
	4.6 Other Expenses (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	4.7 Subtotal before Reimbursements and Taxes (Lines 4.1 to 4.6)	0	0	0	0	0	0	0	0	0	0
	4.8 Reimbursements by uninsured plans and fiscal intermediaries	0	0	0	0	0	0	0	0	0	0
	4.9 Taxes, Licenses and Fees (in total, for tying purposes)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0
	4.10 Total (4.7 to 4.9)	0	0	0	0	0	0	0	0	0	0
	4.11 Total Fraud and Abuse Detection/Recovery Expenses included in Column 7 (informational only)	0	0	0	0	0	0	0	0	0	0
5.	Small Group Mini-Med Plans Expenses:										
	5.1 Salaries (including $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	5.2 Outsourced Services	0	0	0	0	0	0	0	0	0	0
	5.3 EDP Equipment and Software (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	5.4 Other Equipment (excl. EDP) (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	5.5 Accreditation and Certification (incl $ 0 for affiliated services)	0	XXX	XXX	XXX	XXX	0	0	0	0	0
	5.6 Other Expenses (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	5.7 Subtotal before Reimbursements and Taxes (Lines 5.1 to 5.6)	0	0	0	0	0	0	0	0	0	0
	5.8 Reimbursements by uninsured plans and fiscal intermediaries	0	0	0	0	0	0	0	0	0	0
	5.9 Taxes, Licenses and Fees (in total, for tying purposes)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0
	5.10 Total (5.7 to 5.9)	0	0	0	0	0	0	0	0	0	0
	5.11 Total Fraud and Abuse Detection/Recovery Expenses included in Column 7 (informational only)	0	0	0	0	0	0	0	0	0	0
6.	Large Group Mini-Med Plans Expenses:										
	6.1 Salaries (including $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	6.2 Outsourced Services	0	0	0	0	0	0	0	0	0	0
	6.3 EDP Equipment and Software (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	6.4 Other Equipment (excl. EDP) (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	6.5 Accreditation and Certification (incl $ 0 for affiliated services)	0	XXX	XXX	XXX	XXX	0	0	0	0	0
	6.6 Other Expenses (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	6.7 Subtotal before Reimbursements and Taxes (Lines 6.1 to 6.6)	0	0	0	0	0	0	0	0	0	0
	6.8 Reimbursements by uninsured plans and fiscal intermediaries	0	0	0	0	0	0	0	0	0	0
	6.9 Taxes, Licenses and Fees (in total, for tying purposes)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0
	6.10 Total (6.7 to 6.9)	0	0	0	0	0	0	0	0	0	0
	6.11 Total Fraud and Abuse Detection/Recovery Expenses included in Column 7 (informational only)	0	0	0	0	0	0	0	0	0	0

SUPPLEMENT FOR THE YEAR 2018 OF THE UnitedHealthcare Insurance Company

SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 3 (Continued)

	All Expenses	Improving Health Care Quality Expenses						Claims Adjustment Expenses		9	10
		1 Improve Health Outcomes	2 Activities to Prevent Hospital Readmissions	3 Improve Patient Safety and Reduce Medical Errors	4 Wellness & Health Promotion Activities	5 HIT Expenses	6 Total (1 to 5)	7 Cost Containment Expenses	8 Other Claims Adjustment Expenses	General Administrative Expenses	Total Expenses (6 to 9)
7.	Small Group Expatriate Plans Expenses:										
	7.1 Salaries (including $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	7.2 Outsourced Services	0	0	0	0	0	0	0	0	0	0
	7.3 EDP Equipment and Software (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	7.4 Other Equipment (excl. EDP) (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	7.5 Accreditation and Certification (incl $ 0 for affiliated services)	0	XXX	XXX	XXX	XXX	0	0	0	0	0
	7.6 Other Expenses (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	7.7 Subtotal before Reimbursements and Taxes (Lines 7.1 to 7.6)	0	0	0	0	0	0	0	0	0	0
	7.8 Reimbursements by uninsured plans and fiscal intermediaries	0	0	0	0	0	0	0	0	0	0
	7.9 Taxes, Licenses and Fees (in total, for tying purposes)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0
	7.10 Total (7.7 to 7.9)	0	0	0	0	0	0	0	0	0	0
	7.11 Total Fraud and Abuse Detection/Recovery Expenses included in Column 7 (informational only)	0	0	0	0	0	0	0	0	0	0
8.	Large Group Expatriate Plans Expenses:										
	8.1 Salaries (including $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	8.2 Outsourced Services	0	0	0	0	0	0	0	0	0	0
	8.3 EDP Equipment and Software (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	8.4 Other Equipment (excl. EDP) (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	8.5 Accreditation and Certification (incl $ 0 for affiliated services)	0	XXX	XXX	XXX	XXX	0	0	0	0	0
	8.6 Other Expenses (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	8.7 Subtotal before Reimbursements and Taxes (Lines 8.1 to 8.6)	0	0	0	0	0	0	0	0	0	0
	8.8 Reimbursements by uninsured plans and fiscal intermediaries	0	0	0	0	0	0	0	0	0	0
	8.9 Taxes, Licenses and Fees (in total, for tying purposes)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0
	8.10 Total (8.7 to 8.9)	0	0	0	0	0	0	0	0	0	0
	8.11 Total Fraud and Abuse Detection/Recovery Expenses included in Column 7 (informational only)	0	0	0	0	0	0	0	0	0	0
9.	Student Health Plans Expenses:										
	9.1 Salaries (including $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	9.2 Outsourced Services	0	0	0	0	0	0	0	0	0	0
	9.3 EDP Equipment and Software (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	9.4 Other Equipment (excl. EDP) (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	9.5 Accreditation and Certification (incl $ 0 for affiliated services)	0	XXX	XXX	XXX	XXX	0	0	0	0	0
	9.6 Other Expenses (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	9.7 Subtotal before Reimbursements and Taxes (Lines 9.1 to 9.6)	0	0	0	0	0	0	0	0	0	0
	9.8 Reimbursements by uninsured plans and fiscal intermediaries	0	0	0	0	0	0	0	0	0	0
	9.9 Taxes, Licenses and Fees (in total, for tying purposes)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0
	9.10 Total (9.7 to 9.9)	0	0	0	0	0	0	0	0	0	0
	9.11 Total Fraud and Abuse Detection/Recovery Expenses included in Column 7 (informational only)	0	0	0	0	0	0	0	0	0	0

SUPPLEMENT FOR THE YEAR 2018 OF THE UnitedHealthcare Insurance Company

SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 1

(To Be Filed by April 1 - Not for Rebate Purposes - See Cautionary Statement at http://www.naic.org/documents/committees_e_app_blanks_related_shce_cautionary_statement.pdf)

REPORT FOR: 1. CORPORATION UnitedHealthcare Insurance Company 2. 185 Asylum Street Hartford, CT 061033408 (LOCATION)

NAIC Group Code 0707 BUSINESS IN THE STATE OF Northern Mariana Islands DURING THE YEAR 2018 NAIC Company Code 79413

	Business Subject to MLR								9	10	11	12	13	14	15
	Comprehensive Health Coverage			Mini-Med Plans			Expatriate Plans								
	1 Individual	2 Small Group Employer	3 Large Group Employer	4 Individual	5 Small Group Employer	6 Large Group Employer	7 Small Group	8 Large Group	Student Health Plans	Government Business (excluded by statute)	Other Health Business	Medicare Advantage Part C and Medicare Part D Stand-Alone Subject to ACA	Subtotal (Cols. 1 through 12)	Uninsured Plans	Total 13 + 14
1. Premium:															
1.1 Health premiums earned (From Part 2, Line 1.11)	0	0	0	0	0	0	0	0	0	0	60,520	182,855	243,374	XXX	243,374
1.2 Federal high risk pools	0	0	0	0	0	0	0	0	0	0	0	0	0	XXX	0
1.3 State high risk pools	0	0	0	0	0	0	0	0	0	0	36	0	36	XXX	36
1.4 Premiums earned including state and federal high risk programs (Lines 1.1 + 1.2 + 1.3)	0	0	0	0	0	0	0	0	0	0	60,555	182,855	243,410	XXX	243,410
1.5 Federal taxes and federal assessments	0	0	0	0	0	0	0	0	0	0	426	17,045	17,470	0	17,470
1.6 State insurance, premium and other taxes (Similar local taxes of $ 29)	0	0	0	0	0	0	0	0	0	0	958	22	979	0	979
1.6a Community Benefit Expenditures (informational only)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
1.7 Regulatory authority licenses and fees	0	0	0	0	0	0	0	0	0	0	(15)	0	(15)	0	(15)
1.8 Adjusted Premiums Earned (Lines 1.4 - 1.5 - 1.6 - 1.7)	0	0	0	0	0	0	0	0	0	0	59,187	165,788	224,975	XXX	224,975
1.9 Net Assumed less Ceded reinsurance premiums earned	0	0	0	0	0	0	0	0	0	0	0	0	0	XXX	0
1.10 Other Adjustments due to MLR calculations - Premiums	0	0	0	0	0	0	0	0	0	0	0	460	460	XXX	460
1.11 Risk Revenue	0	0	0	0	0	0	0	0	0	0	0	0	0	XXX	0
1.12 Net adjusted premiums earned after reinsurance (Lines 1.8 + 1.9 + 1.10 + 1.11)	0	0	0	0	0	0	0	0	0	0	59,187	166,248	225,436	XXX	225,436
2. Claims:															
2.1 Incurred claims excluding prescription drugs	0	0	0	0	0	0	0	0	0	0	44,767	14,993	59,760	XXX	59,760
2.2 Prescription drugs	0	0	0	0	0	0	0	0	0	0	0	191,720	191,720	XXX	191,720
2.3 Pharmaceutical rebates	0	0	0	0	0	0	0	0	0	0	0	108,908	108,908	XXX	108,908
2.4 State stop loss, market stabilization and claim/census based assessments (informational only)	0	0	0	0	0	0	0	0	0	0	0	0	0	XXX	0
3. Incurred medical incentive pools and bonuses	0	0	0	0	0	0	0	0	0	0	0	0	0	XXX	0
4. Deductible Fraud and Abuse Detection/Recovery Expenses (for MLR use only)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
5. 5.0 Total Incurred Claims (Lines 2.1 + 2.2 - 2.3 + 3) (From Part 2, Line 2.15)	0	0	0	0	0	0	0	0	0	0	44,767	97,805	142,572	XXX	142,572
5.1 Net Assumed less Ceded reinsurance claims incurred	0	0	0	0	0	0	0	0	0	0	0	0	0	XXX	0
5.2 Other Adjustments due to MLR calculations - Claims	0	0	0	0	0	0	0	0	0	0	0	0	0	XXX	0
5.3 Rebates paid	0	0	0	0	0	0	0	0	0	XXX	XXX	0	0	XXX	0
5.4 Estimated rebates unpaid prior year	0	0	0	0	0	0	0	0	0	XXX	XXX	0	0	XXX	0
5.5 Estimated rebates unpaid current year	0	0	0	0	0	0	0	0	0	XXX	XXX	0	0	XXX	0
5.6 Fee for service and co-pay revenue	0	0	0	0	0	0	0	0	0	0	0	0	0	XXX	0
5.7 Net incurred claims after reinsurance (Lines 5.0 + 5.1 + 5.2 + 5.3 - 5.4 + 5.5 - 5.6)	0	0	0	0	0	0	0	0	0	0	44,767	97,805	142,572	XXX	142,572
6. Improving Health Care Quality Expenses Incurred:															
6.1 Improve health outcomes	0	0	0	0	0	0	0	0	0	0	157	447	603	0	603
6.2 Activities to prevent hospital readmissions	0	0	0	0	0	0	0	0	0	0	0	155	155	0	155
6.3 Improve patient safety and reduce medical errors	0	0	0	0	0	0	0	0	0	0	0	1,021	1,021	0	1,021
6.4 Wellness and health promotion activities	0	0	0	0	0	0	0	0	0	0	716	(312)	404	0	404
6.5 Health Information Technology expenses related to health improvement	0	0	0	0	0	0	0	0	0	0	30	981	1,011	0	1,011
6.6 Total of Defined Expenses Incurred for Improving Health Care Quality (Lines 6.1+6.2+6.3+6.4+6.5)	0	0	0	0	0	0	0	0	0	0	902	2,291	3,194	0	3,194
7. Preliminary Medical Loss Ratio: MLR ((Lines 4 + 5.0 + 6.6 - Footnote 2.0)/Line 1.8	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	XXX	XXX	0.604	XXX	XXX	XXX
8. Claims Adjustment Expenses:															
8.1 Cost containment expenses not included in quality of care expenses in Line 6.6	0	0	0	0	0	0	0	0	0	0	9	(3,428)	(3,419)	0	(3,419)
8.2 All other claims adjustment expenses	0	0	0	0	0	0	0	0	0	0	1,226	21,785	23,011	0	23,011
8.3 Total claims adjustment expenses (Lines 8.1 + 8.2)	0	0	0	0	0	0	0	0	0	0	1,235	18,357	19,592	0	19,592
9. Claims Adjustment Expense Ratio (Line 8.3/Line 1.8)	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.021	0.111	XXX	XXX	XXX

SUPPLEMENT FOR THE YEAR 2018 OF THE UnitedHealthcare Insurance Company

SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 1 (Continued)

	Business Subject to MLR									10	11	12	13	14	15
	Comprehensive Health Coverage			Mini-Med Plans			Expatriate Plans		9			Medicare Advantage Part C and Medicare Part D Stand-Alone Subject to ACA			
	1 Individual	2 Small Group Employer	3 Large Group Employer	4 Individual	5 Small Group Employer	6 Large Group Employer	7 Small Group	8 Large Group	Student Health Plans	Government Business (excluded by statute)	Other Health Business		Subtotal (Cols. 1 through 12)	Uninsured Plans	Total 13 + 14
10. General and Administrative (G&A) Expenses:															
10.1 Direct sales salaries and benefits	0	0	0	0	0	0	0	0	0	0	100	855	955	0	955
10.2 Agents and brokers fees and commissions	0	0	0	0	0	0	0	0	0	0	3,178	0	3,178	0	3,178
10.3 Other taxes (excluding taxes on Lines 1.5 through 1.7 and Line 14 below)	0	0	0	0	0	0	0	0	0	0	150	251	400	0	400
10.4 Other general and administrative expenses	0	0	0	0	0	0	0	0	0	0	7,142	5,238	12,380	0	12,380
10.4a Community Benefit Expenditures (informational only)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
10.5 Total general and administrative (Lines 10.1 +10.2 + 10.3 + 10.4)	0	0	0	0	0	0	0	0	0	0	10,570	6,343	16,913	0	16,913
11. Underwriting Gain/(Loss) (Lines 1.12 - 5.7 - 6.6 - 8.3 - 10.5)	0	0	0	0	0	0	0	0	0	0	1,713	41,452	43,165	XXX	43,165
12. Income from fees of uninsured plans	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0
13. Net investment and other gain/(loss)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	(2)	XXX	(2)
14. Federal income taxes (excluding taxes on Line 1.5 above)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	XXX	0
15. Net gain or (loss) (Lines 11 + 12 + 13 - 14)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	43,163	XXX	43,163
16. ICD-10 Implementation Expenses (informational only; already included in general expenses and line 10.4)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
16. 16a ICD-10 Implementation Expenses (informational only; already included in line 10.4)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
OTHER INDICATORS:															
1. Number of certificates/policies	0	0	0	0	0	0	0	0	0	0	39	367	406	0	406
2. Number of Covered Lives	0	0	0	0	0	0	0	0	0	0	39	367	406	0	406
3. Number of Groups	XXX	0	0	XXX	0	0	0	0	0	0	0	0	0	0	0
4. Member Months	0	0	0	0	0	0	0	0	0	0	455	4,541	4,996	0	4,996

Is run off business reported in Columns 1 through 9 or 12? Yes [ ] No [ ] If yes, show the amount of premiums and claims included. Premiums $ 0 Claims $ 0

216-2.MP

AFFORDABLE CARE ACT (ACA) RECEIPTS, PAYMENTS, RECEIVABLES and PAYABLES

	Current Year Comprehensive Health Coverage		Prior Year Comprehensive Health Coverage	
	1 Individual Plans	2 Small Group Employer Plans	3 Individual Plans	4 Small Group Employer Plans
ACA Receivables and Payables				
1. Permanent ACA Risk Adjustment Program 1.0 Premium adjustments receivable/(payable)	0	0	0	0
2. Transitional ACA Reinsurance Program 2.0 Total amounts recoverable for claims (paid & unpaid)	0	XXX	0	XXX
3. Temporary ACA Risk Corridors Program 3.1 Accrued retrospective premium	0	0	0	0
3.2 Reserve for rate credits or policy experience refunds	0	0	0	0
ACA Receipts and Payments				
4. Permanent ACA Risk Adjustment Program 4.0 Premium adjustments receipts/(payments)	0	0	0	0
5. Transitional ACA Reinsurance Program 5.0 Amounts received for claims	0	XXX	0	XXX
6. Temporary ACA Risk Corridors Program 6.1 Retrospective premium received	0	0	0	0
6.2 Rate credits or policy experience refunds paid	0	0	0	0

SUPPLEMENT FOR THE YEAR 2018 OF THE UnitedHealthcare Insurance Company

SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 2

(To Be Filed by April 1 - Not for Rebate Purposes)

REPORT FOR: 1. CORPORATION UnitedHealthcare Insurance Company 2. 185 Asylum Street Hartford, CT 061033408 (LOCATION)

NAIC Group Code 0707 BUSINESS IN THE STATE OF Northern Mariana Islands DURING THE YEAR 2018 NAIC Company Code 79413

	Business Subject to MLR												
	Comprehensive Health Coverage			Mini-Med Plans			Expatriate Plans:		9	10	11	12	13
	1 Individual	2 Small Group Employer	3 Large Group Employer	4 Individual	5 Small Group Employer	6 Large Group Employer	7 Small Group	8 Large Group	Student Health Plans	Government Business (excluded by statute)	Other Health Business	Medicare Advantage Part C and Medicare Part D Stand-Alone Subject to ACA	Total (a)
1. Health Premiums Earned:													
1.1 Direct premiums written	0	0	0	0	0	0	0	0	0	0	60,520	183,315	243,835
1.2 Unearned premium prior year	0	0	0	0	0	0	0	0	0	0	0	0	0
1.3 Unearned premium current year	0	0	0	0	0	0	0	0	0	0	0	0	0
1.4 Change in unearned premium (Lines 1.2 - 1.3)	0	0	0	0	0	0	0	0	0	0	0	0	0
1.5 Paid rate credits	0	0	0	0	0	0	0	0	0	0	6,799	54,862	61,662
1.6 Reserve for rate credits current year	0	0	0	0	0	0	0	0	0	0	0	15,210	15,210
1.7 Reserve for rate credits prior year	0	0	0	0	0	0	0	0	0	0	0	55,059	55,059
1.8 Change in reserve for rate credits (Lines 1.6 - 1.7)	0	0	0	0	0	0	0	0	0	0	0	(39,849)	(39,849)
1.9 Premium balances written off	0	0	0	0	0	0	0	0	0	0	0	460	460
1.10 Group conversion charge	0	0	0	0	0	0	0	0	0	0	0	0	0
1.11 Total direct premiums earned (Lines 1.1 + 1.4 - 1.9 + 1.10)	0	0	0	0	0	0	0	0	0	0	60,520	182,855	243,374
1.12 Assumed premiums earned from non-affiliates	0	0	0	0	0	0	0	0	0	0	0	0	0
1.13 Net Assumed less Ceded premiums earned from affiliates	0	0	0	0	0	0	0	0	0	0	0	0	0
1.14 Ceded premiums earned to non-affiliates	0	0	0	0	0	0	0	0	0	0	0	0	0
1.15 Other Adjustments due to MLR calculation - Premiums	0	0	0	0	0	0	0	0	0	0	0	460	460
1.16 Net premiums earned (Lines 1.11 - 1.5 - 1.8 + 1.12 + 1.13 - 1.14 + 1.15)	0	0	0	0	0	0	0	0	0	0	53,720	168,301	222,022
2. Direct Claims Incurred:													
2.1 Paid claims during the year	0	0	0	0	0	0	0	0	0	0	41,457	95,753	137,210
2.2 Direct claim liability current year	0	0	0	0	0	0	0	0	0	0	4,041	1,567	5,608
2.3 Direct claim liability prior year	0	0	0	0	0	0	0	0	0	0	7,800	7,274	15,074
2.4 Direct claim reserves current year	0	0	0	0	0	0	0	0	0	0	1,092	0	1,092
2.5 Direct claim reserves prior year	0	0	0	0	0	0	0	0	0	0	822	0	822
2.6 Direct contract reserves current year	0	0	0	0	0	0	0	0	0	0	0	0	0
2.7 Direct contract reserves prior year	0	0	0	0	0	0	0	0	0	0	0	0	0
2.8 Paid rate credits	0	0	0	0	0	0	0	0	0	0	6,799	54,862	61,662
2.9 Reserve for rate credits current year	0	0	0	0	0	0	0	0	0	0	0	15,210	15,210
2.10 Reserve for rate credits prior year	0	0	0	0	0	0	0	0	0	0	0	55,059	55,059
2.11 Incurred medical incentive pools and bonuses (Lines 2.11a + 2.11b - 2.11c)	0	0	0	0	0	0	0	0	0	0	0	0	0
2.11a Paid medical incentive pools and bonuses current year	0	0	0	0	0	0	0	0	0	0	0	0	0
2.11b Accrued medical incentive pools and bonuses current year	0	0	0	0	0	0	0	0	0	0	0	0	0
2.11c Accrued medical incentive pools and bonuses prior year	0	0	0	0	0	0	0	0	0	0	0	0	0
2.12 Net healthcare receivables (Lines 2.12a - 2.12b)	0	0	0	0	0	0	0	0	0	0	0	7,255	7,255
2.12a Healthcare receivables current year	0	0	0	0	0	0	0	0	0	0	0	42,524	42,524
2.12b Healthcare receivables prior year	0	0	0	0	0	0	0	0	0	0	0	35,269	35,269
2.13 Group conversion charge	0	0	0	0	0	0	0	0	0	0	0	0	0
2.14 Multi-option coverage blended rate adjustment	0	0	0	0	0	0	0	0	0	0	0	0	0
2.15 Total incurred claims (Lines 2.1 + 2.2 - 2.3 + 2.4 - 2.5 + 2.6 - 2.7 + 2.8 + 2.9 - 2.10 + 2.11 - 2.12 + 2.13 + 2.14)	0	0	0	0	0	0	0	0	0	0	44,767	97,805	142,572
2.16 Assumed incurred claims from non-affiliates	0	0	0	0	0	0	0	0	0	0	0	0	0
2.17 Net assumed less ceded incurred claims from affiliates	0	0	0	0	0	0	0	0	0	0	0	0	0
2.18 Ceded incurred claims to non-affiliates	0	0	0	0	0	0	0	0	0	0	0	0	0
2.19 Other adjustments due to MLR calculation - Claims	0	0	0	0	0	0	0	0	0	0	0	0	0
2.20 Net Incurred Claims (Lines 2.15 - 2.8 - 2.9 + 2.10 + 2.16 + 2.17 - 2.18 + 2.19)	0	0	0	0	0	0	0	0	0	0	37,968	82,791	120,759
3. Fraud and Abuse Recoveries that Reduced PAID Claims in Line 2.1 above (informational only)	0	0	0	0	0	0	0	0	0	0	0	0	0

(a) Column 13, Line 1.1 includes direct written premium of $ 0 for stand-alone dental and $ 0 for stand-alone vision policies.

SUPPLEMENT FOR THE YEAR 2018 OF THE UnitedHealthcare Insurance Company

SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 3

(To Be Filed by April 1 - Not for Rebate Purposes)

REPORT FOR: 1. CORPORATION UnitedHealthcare Insurance Company 2. 185 Asylum Street Hartford, CT 061033408 (LOCATION)

NAIC Group Code 0707 BUSINESS IN THE STATE OF Northern Mariana Islands DURING THE YEAR 2018 NAIC Company Code 79413

	All Expenses	Improving Health Care Quality Expenses						Claims Adjustment Expenses		9	10
		1 Improve Health Outcomes	2 Activities to Prevent Hospital Readmissions	3 Improve Patient Safety and Reduce Medical Errors	4 Wellness & Health Promotion Activities	5 HIT Expenses	6 Total (1 to 5)	7 Cost Containment Expenses	8 Other Claims Adjustment Expenses	General Administrative Expenses	Total Expenses (6 to 9)
1.	Individual Comprehensive Coverage Expenses:										
	1.1 Salaries (including $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	1.2 Outsourced Services	0	0	0	0	0	0	0	0	0	0
	1.3 EDP Equipment and Software (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	1.4 Other Equipment (excl. EDP) (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	1.5 Accreditation and Certification (incl $ 0 for affiliated services)	0	XXX	XXX	XXX	XXX	0	0	0	0	0
	1.6 Other Expenses (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	1.7 Subtotal before Reimbursements and Taxes (Lines 1.1 to 1.6)	0	0	0	0	0	0	0	0	0	0
	1.8 Reimbursements by uninsured plans and fiscal intermediaries	0	0	0	0	0	0	0	0	0	0
	1.9 Taxes, Licenses and Fees (in total, for tying purposes)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0
	1.10 Total (1.7 to 1.9)	0	0	0	0	0	0	0	0	0	0
	1.11 Total Fraud and Abuse Detection/Recovery Expenses included in Column 7 (informational only)	0	0	0	0	0	0	0	0	0	0
2.	Small Group Comprehensive Coverage Expenses:										
	2.1 Salaries (including $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	2.2 Outsourced Services	0	0	0	0	0	0	0	0	0	0
	2.3 EDP Equipment and Software (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	2.4 Other Equipment (excl. EDP) (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	2.5 Accreditation and Certification (incl $ 0 for affiliated services)	0	XXX	XXX	XXX	XXX	0	0	0	0	0
	2.6 Other Expenses (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	2.7 Subtotal before Reimbursements and Taxes (Lines 2.1 to 2.6)	0	0	0	0	0	0	0	0	0	0
	2.8 Reimbursements by uninsured plans and fiscal intermediaries	0	0	0	0	0	0	0	0	0	0
	2.9 Taxes, Licenses and Fees (in total, for tying purposes)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0
	2.10 Total (2.7 to 2.9)	0	0	0	0	0	0	0	0	0	0
	2.11 Total Fraud and Abuse Detection/Recovery Expenses included in Column 7 (informational only)	0	0	0	0	0	0	0	0	0	0
3.	Large Group Comprehensive Coverage Expenses:										
	3.1 Salaries (including $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	3.2 Outsourced Services	0	0	0	0	0	0	0	0	0	0
	3.3 EDP Equipment and Software (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	3.4 Other Equipment (excl. EDP) (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	3.5 Accreditation and Certification (incl $ 0 for affiliated services)	0	XXX	XXX	XXX	XXX	0	0	0	0	0
	3.6 Other Expenses (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	3.7 Subtotal before Reimbursements and Taxes (Lines 3.1 to 3.6)	0	0	0	0	0	0	0	0	0	0
	3.8 Reimbursements by uninsured plans and fiscal intermediaries	0	0	0	0	0	0	0	0	0	0
	3.9 Taxes, Licenses and Fees (in total, for tying purposes)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0
	3.10 Total (3.7 to 3.9)	0	0	0	0	0	0	0	0	0	0
	3.11 Total Fraud and Abuse Detection/Recovery Expenses included in Column 7 (informational only)	0	0	0	0	0	0	0	0	0	0

SUPPLEMENT FOR THE YEAR 2018 OF THE UnitedHealthcare Insurance Company

SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 3 (Continued)

	All Expenses	Improving Health Care Quality Expenses						Claims Adjustment Expenses		9	10
		1 Improve Health Outcomes	2 Activities to Prevent Hospital Readmissions	3 Improve Patient Safety and Reduce Medical Errors	4 Wellness & Health Promotion Activities	5 HIT Expenses	6 Total (1 to 5)	7 Cost Containment Expenses	8 Other Claims Adjustment Expenses	General Administrative Expenses	Total Expenses (6 to 9)
4.	Individual Mini-Med Plans Expenses:										
	4.1 Salaries (including $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	4.2 Outsourced Services	0	0	0	0	0	0	0	0	0	0
	4.3 EDP Equipment and Software (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	4.4 Other Equipment (excl. EDP) (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	4.5 Accreditation and Certification (incl $ 0 for affiliated services)	0	XXX	XXX	XXX	XXX	0	0	0	0	0
	4.6 Other Expenses (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	4.7 Subtotal before Reimbursements and Taxes (Lines 4.1 to 4.6)	0	0	0	0	0	0	0	0	0	0
	4.8 Reimbursements by uninsured plans and fiscal intermediaries	0	0	0	0	0	0	0	0	0	0
	4.9 Taxes, Licenses and Fees (in total, for tying purposes)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0
	4.10 Total (4.7 to 4.9)	0	0	0	0	0	0	0	0	0	0
	4.11 Total Fraud and Abuse Detection/Recovery Expenses included in Column 7 (informational only)	0	0	0	0	0	0	0	0	0	0
5.	Small Group Mini-Med Plans Expenses:										
	5.1 Salaries (including $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	5.2 Outsourced Services	0	0	0	0	0	0	0	0	0	0
	5.3 EDP Equipment and Software (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	5.4 Other Equipment (excl. EDP) (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	5.5 Accreditation and Certification (incl $ 0 for affiliated services)	0	XXX	XXX	XXX	XXX	0	0	0	0	0
	5.6 Other Expenses (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	5.7 Subtotal before Reimbursements and Taxes (Lines 5.1 to 5.6)	0	0	0	0	0	0	0	0	0	0
	5.8 Reimbursements by uninsured plans and fiscal intermediaries	0	0	0	0	0	0	0	0	0	0
	5.9 Taxes, Licenses and Fees (in total, for tying purposes)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0
	5.10 Total (5.7 to 5.9)	0	0	0	0	0	0	0	0	0	0
	5.11 Total Fraud and Abuse Detection/Recovery Expenses included in Column 7 (informational only)	0	0	0	0	0	0	0	0	0	0
6.	Large Group Mini-Med Plans Expenses:										
	6.1 Salaries (including $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	6.2 Outsourced Services	0	0	0	0	0	0	0	0	0	0
	6.3 EDP Equipment and Software (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	6.4 Other Equipment (excl. EDP) (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	6.5 Accreditation and Certification (incl $ 0 for affiliated services)	0	XXX	XXX	XXX	XXX	0	0	0	0	0
	6.6 Other Expenses (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	6.7 Subtotal before Reimbursements and Taxes (Lines 6.1 to 6.6)	0	0	0	0	0	0	0	0	0	0
	6.8 Reimbursements by uninsured plans and fiscal intermediaries	0	0	0	0	0	0	0	0	0	0
	6.9 Taxes, Licenses and Fees (in total, for tying purposes)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0
	6.10 Total (6.7 to 6.9)	0	0	0	0	0	0	0	0	0	0
	6.11 Total Fraud and Abuse Detection/Recovery Expenses included in Column 7 (informational only)	0	0	0	0	0	0	0	0	0	0

SUPPLEMENT FOR THE YEAR 2018 OF THE UnitedHealthcare Insurance Company

SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 3 (Continued)

	All Expenses	Improving Health Care Quality Expenses						Claims Adjustment Expenses		9	10
		1 Improve Health Outcomes	2 Activities to Prevent Hospital Readmissions	3 Improve Patient Safety and Reduce Medical Errors	4 Wellness & Health Promotion Activities	5 HIT Expenses	6 Total (1 to 5)	7 Cost Containment Expenses	8 Other Claims Adjustment Expenses	General Administrative Expenses	Total Expenses (6 to 9)
7.	Small Group Expatriate Plans Expenses:										
	7.1 Salaries (including $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	7.2 Outsourced Services	0	0	0	0	0	0	0	0	0	0
	7.3 EDP Equipment and Software (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	7.4 Other Equipment (excl. EDP) (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	7.5 Accreditation and Certification (incl $ 0 for affiliated services)	0	XXX	XXX	XXX	XXX	0	0	0	0	0
	7.6 Other Expenses (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	7.7 Subtotal before Reimbursements and Taxes (Lines 7.1 to 7.6)	0	0	0	0	0	0	0	0	0	0
	7.8 Reimbursements by uninsured plans and fiscal intermediaries	0	0	0	0	0	0	0	0	0	0
	7.9 Taxes, Licenses and Fees (in total, for tying purposes)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0
	7.10 Total (7.7 to 7.9)	0	0	0	0	0	0	0	0	0	0
	7.11 Total Fraud and Abuse Detection/Recovery Expenses included in Column 7 (informational only)	0	0	0	0	0	0	0	0	0	0
8.	Large Group Expatriate Plans Expenses:										
	8.1 Salaries (including $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	8.2 Outsourced Services	0	0	0	0	0	0	0	0	0	0
	8.3 EDP Equipment and Software (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	8.4 Other Equipment (excl. EDP) (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	8.5 Accreditation and Certification (incl $ 0 for affiliated services)	0	XXX	XXX	XXX	XXX	0	0	0	0	0
	8.6 Other Expenses (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	8.7 Subtotal before Reimbursements and Taxes (Lines 8.1 to 8.6)	0	0	0	0	0	0	0	0	0	0
	8.8 Reimbursements by uninsured plans and fiscal intermediaries	0	0	0	0	0	0	0	0	0	0
	8.9 Taxes, Licenses and Fees (in total, for tying purposes)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0
	8.10 Total (8.7 to 8.9)	0	0	0	0	0	0	0	0	0	0
	8.11 Total Fraud and Abuse Detection/Recovery Expenses included in Column 7 (informational only)	0	0	0	0	0	0	0	0	0	0
9.	Student Health Plans Expenses:										
	9.1 Salaries (including $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	9.2 Outsourced Services	0	0	0	0	0	0	0	0	0	0
	9.3 EDP Equipment and Software (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	9.4 Other Equipment (excl. EDP) (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	9.5 Accreditation and Certification (incl $ 0 for affiliated services)	0	XXX	XXX	XXX	XXX	0	0	0	0	0
	9.6 Other Expenses (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	9.7 Subtotal before Reimbursements and Taxes (Lines 9.1 to 9.6)	0	0	0	0	0	0	0	0	0	0
	9.8 Reimbursements by uninsured plans and fiscal intermediaries	0	0	0	0	0	0	0	0	0	0
	9.9 Taxes, Licenses and Fees (in total, for tying purposes)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0
	9.10 Total (9.7 to 9.9)	0	0	0	0	0	0	0	0	0	0
	9.11 Total Fraud and Abuse Detection/Recovery Expenses included in Column 7 (informational only)	0	0	0	0	0	0	0	0	0	0



SUPPLEMENT FOR THE YEAR 2018 OF THE UnitedHealthcare Insurance Company

SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 1

(To Be Filed by April 1 - Not for Rebate Purposes - See Cautionary Statement at http://www.naic.org/documents/committees_e_app_blanks_related_shce_cautionary_statement.pdf)

REPORT FOR: 1. CORPORATION UnitedHealthcare Insurance Company 2. 185 Asylum Street Hartford, CT 061033408 (LOCATION)

NAIC Group Code 0707 BUSINESS IN THE STATE OF Grand Total DURING THE YEAR 2018 NAIC Company Code 79413

	Business Subject to MLR								9	10	11	12	13	14	15
	Comprehensive Health Coverage			Mini-Med Plans			Expatriate Plans								
	1 Individual	2 Small Group Employer	3 Large Group Employer	4 Individual	5 Small Group Employer	6 Large Group Employer	7 Small Group	8 Large Group	Student Health Plans	Government Business (excluded by statute)	Other Health Business	Medicare Advantage Part C and Medicare Part D Stand-Alone Subject to ACA	Subtotal (Cols. 1 through 12)	Uninsured Plans	Total 13 + 14
1. Premium:															
1.1 Health premiums earned (From Part 2, Line 1.11)	77,867,794	6,348,163,503	15,159,085,983	0	0	0	0	132,159,401	692,561,479	2,599,057,760	13,320,269,166	15,710,885,765	54,040,050,851	XXX	54,040,050,851
1.2 Federal high risk pools	0	0	0	0	0	0	0	0	0	0	0	0	0	XXX	0
1.3 State high risk pools	(47,504)	(2,053,039)	(4,054,240)	0	0	0	0	(2,401)	(44,600)	0	5,122,282	(7)	(1,079,509)	XXX	(1,079,509)
1.4 Premiums earned including state and federal high risk programs (Lines 1.1 + 1.2 + 1.3)	77,820,290	6,346,110,463	15,155,031,743	0	0	0	0	132,157,000	692,516,879	2,599,057,760	13,325,391,448	15,710,885,758	54,038,971,342	XXX	54,038,971,342
1.5 Federal taxes and federal assessments	881,243	256,299,515	546,158,765	0	0	0	0	2,385,659	26,990,189	8,671,606	136,233,429	630,938,273	1,608,558,678	12,603,431	1,621,162,109
1.6 State insurance, premium and other taxes (Similar local taxes of $ 48,858,437)	825,574	81,993,120	206,109,516	0	0	0	0	817,898	10,234,442	51,087,730	207,504,951	20,812,392	579,385,623	50,633	579,436,256
1.6a Community Benefit Expenditures (informational only)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
1.7 Regulatory authority licenses and fees	364,593	(146,223)	1,112,198	0	0	0	0	78,291	52,967	466,967	(2,089,565)	92	(160,680)	0	(160,680)
1.8 Adjusted Premiums Earned (Lines 1.4 - 1.5 - 1.6 - 1.7)	75,748,881	6,007,964,051	14,401,651,264	0	0	0	0	128,875,152	655,239,281	2,538,831,457	12,983,742,634	15,059,135,001	51,851,187,721	XXX	51,838,533,656
1.9 Net Assumed less Ceded reinsurance premiums earned	1,067,472	11,119,783	(1,620,185,481)	0	0	0	0	2,640,920	38,338,525	1,034,038,909	619,993,459	176,806,029	263,819,615	XXX	263,819,615
1.10 Other Adjustments due to MLR calculations - Premiums	196,278	2,633,318	13,168,156	0	0	0	0	1,727	0	2,063,283	(167,693)	47,036,077	64,931,146	XXX	64,931,146
1.11 Risk Revenue	0	0	0	0	0	0	0	0	0	0	0	0	0	XXX	0
1.12 Net adjusted premiums earned after reinsurance (Lines 1.8 + 1.9 + 1.10 + 1.11)	77,012,631	6,021,717,152	12,794,633,938	0	0	0	0	131,517,799	693,577,807	3,574,933,649	13,603,568,400	15,282,977,107	52,179,938,482	XXX	52,167,284,418
2. Claims:															
2.1 Incurred claims excluding prescription drugs	58,975,569	4,079,337,665	10,610,631,434	0	0	0	0	73,251,490	457,050,573	2,130,955,506	9,679,023,947	9,148,292,735	36,237,518,919	XXX	36,237,518,919
2.2 Prescription drugs	15,496,629	1,002,300,320	2,510,822,280	0	0	0	0	9,570,049	110,993,103	273,524,418	1,070,758,648	7,259,278,658	12,252,744,106	XXX	12,252,744,106
2.3 Pharmaceutical rebates	4,347,792	313,420,234	775,079,933	0	0	0	0	2,434,518	26,524,436	2,507,068	3,353,332	4,129,713,215	5,257,380,528	XXX	5,257,380,528
2.4 State stop loss, market stabilization and claim/census based assessments (informational only)	20,153	5,648,868	19,054,297	0	0	0	0	332,239	722,084	(6)	2,204,559	0	27,982,193	XXX	27,982,193
3. Incurred medical incentive pools and bonuses	1,967	7,537,682	23,326,445	0	0	0	0	83,489	23,051	804,385	118,025	51,464,786	83,359,831	XXX	83,359,831
4. Deductible Fraud and Abuse Detection/Recovery Expenses (for MLR use only)	1,203	3,306,836	6,199,410	0	0	0	0	0	40	24,807	0	1,805,131	11,337,426	0	11,337,426
5. 5.0 Total Incurred Claims (Lines 2.1 + 2.2 - 2.3 + 3) (From Part 2, Line 2.15)	70,126,373	4,775,755,434	12,369,700,226	0	0	0	0	80,470,510	541,542,292	2,402,777,241	10,746,547,289	12,329,322,963	43,316,242,328	XXX	43,316,242,328
5.1 Net Assumed less Ceded reinsurance claims incurred	842,902	10,534,854	(1,457,469,379)	0	0	0	0	1,566,985	32,521,741	863,549,104	493,823,040	108,024,067	53,393,313	XXX	53,393,313
5.2 Other Adjustments due to MLR calculations - Claims	(21,423)	(55,263,963)	(24,165,169)	0	0	0	0	0	0	0	145	(80,382,360)	(159,832,769)	XXX	(159,832,769)
5.3 Rebates paid	0	46,182,331	20,002,298	0	0	0	0	0	0	XXX	XXX	39,931,404	106,116,032	XXX	106,116,032
5.4 Estimated rebates unpaid prior year	0	41,456,706	24,526,214	0	0	0	0	0	0	XXX	XXX	24,844,554	90,827,474	XXX	90,827,474
5.5 Estimated rebates unpaid current year	21,423	50,538,553	28,692,974	0	0	0	0	0	0	XXX	XXX	65,295,510	144,548,460	XXX	144,548,460
5.6 Fee for service and co-pay revenue	0	0	0	0	0	0	0	0	0	0	0	0	0	XXX	0
5.7 Net incurred claims after reinsurance (Lines 5.0 + 5.1 + 5.2 + 5.3 - 5.4 + 5.5 - 5.6)	70,969,275	4,786,290,501	10,912,234,736	0	0	0	0	82,037,495	574,064,033	3,266,326,345	11,240,370,474	12,437,347,030	43,369,639,889	XXX	43,369,639,889
6. Improving Health Care Quality Expenses Incurred:															
6.1 Improve health outcomes	622,942	50,785,308	121,272,688	0	0	0	0	1,057,275	5,540,492	39,123,986	28,935,929	90,126,651	337,465,271	5,785,681	343,250,952
6.2 Activities to prevent hospital readmissions	0	0	0	0	0	0	0	0	0	23,818,777	10,743,056	24,029,406	58,591,239	2,234,671	60,825,910
6.3 Improve patient safety and reduce medical errors	0	0	0	0	0	0	0	0	0	19,883,345	8,627,490	32,072,531	60,583,366	3,227,237	63,810,602
6.4 Wellness and health promotion activities	0	0	0	0	0	0	0	0	0	14,882,313	79,480,027	19,497,244	113,859,584	2,346,160	116,205,744
6.5 Health Information Technology expenses related to health improvement	0	0	0	0	0	0	0	0	0	3,873,638	7,542,152	42,740,422	54,156,212	3,282,820	57,439,031
6.6 Total of Defined Expenses Incurred for Improving Health Care Quality (Lines 6.1+6.2+6.3+6.4+6.5)	622,942	50,785,308	121,272,688	0	0	0	0	1,057,275	5,540,492	101,582,059	135,328,654	208,466,253	624,655,671	16,876,568	641,532,239
7. Preliminary Medical Loss Ratio: MLR ((Lines 4 + 5.0 + 6.6 - Footnote 2.0)/Line 1.8	0.933	0.804	0.868	0.000	0.000	0.000	0.000	0.633	0.835	XXX	XXX	0.833	XXX	XXX	XXX
8. Claims Adjustment Expenses:															
8.1 Cost containment expenses not included in quality of care expenses in Line 6.6	647,512	71,164,485	170,969,542	0	0	0	0	43,839	5,522,654	15,964,056	22,097,455	157,111,443	443,520,987	16,325,957	459,846,943
8.2 All other claims adjustment expenses	1,222,591	100,957,825	220,329,517	0	0	0	0	147,337	9,827,368	32,990,557	194,954,119	431,932,593	992,361,906	22,047,483	1,014,409,389
8.3 Total claims adjustment expenses (Lines 8.1 + 8.2)	1,870,103	172,122,310	391,299,059	0	0	0	0	191,176	15,350,023	48,954,613	217,051,574	589,044,036	1,435,882,893	38,373,439	1,474,256,332
9. Claims Adjustment Expense Ratio (Line 8.3/Line 1.8)	0.025	0.029	0.027	0.000	0.000	0.000	(2.000)	0.001	0.023	0.019	0.017	0.039	XXX	XXX	XXX

SUPPLEMENT FOR THE YEAR 2018 OF THE UnitedHealthcare Insurance Company

SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 1 (Continued)

	Business Subject to MLR									10	11	12	13	14	15
	Comprehensive Health Coverage			Mini-Med Plans			Expatriate Plans		9						
	1 Individual	2 Small Group Employer	3 Large Group Employer	4 Individual	5 Small Group Employer	6 Large Group Employer	7 Small Group	8 Large Group	Student Health Plans	Government Business (excluded by statute)	Other Health Business	Medicare Advantage Part C and Medicare Part D Stand-Alone Subject to ACA	Subtotal (Cols. 1 through 12)	Uninsured Plans	Total 13 + 14
10. General and Administrative (G&A) Expenses:															
10.1 Direct sales salaries and benefits	208,046	23,134,113	66,245,193	0	0	0	0	0	3,989,247	2,777,350	25,114,532	31,528,997	152,997,478	7,791,934	160,789,412
10.2 Agents and brokers fees and commissions	2,207,091	254,249,250	206,623,737	0	0	0	0	8,310,286	15,014,453	14,085	461,925,764	235,790,665	1,184,135,331	34	1,184,135,364
10.3 Other taxes (excluding taxes on Lines 1.5 through 1.7 and Line 14 below)	(91,835)	3,586,185	16,381,187	0	0	0	0	1,085,302	993,553	2,810,345	21,474,029	24,118,662	70,357,427	1,483,407	71,840,835
10.4 Other general and administrative expenses	4,269,214	311,388,883	460,580,750	0	0	0	0	29,403,649	34,572,685	219,238,948	1,202,006,407	810,602,542	3,072,063,077	42,606,188	3,114,669,265
10.4a Community Benefit Expenditures (informational only)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
10.5 Total general and administrative (Lines 10.1 +10.2 + 10.3 + 10.4)	6,592,516	592,358,431	749,830,866	0	0	0	0	38,799,236	54,569,938	224,840,729	1,710,520,732	1,102,040,866	4,479,553,313	51,881,563	4,531,434,876
11. Underwriting Gain/(Loss) (Lines 1.12 - 5.7 - 6.6 - 8.3 - 10.5)	(3,042,205)	420,160,601	619,996,589	0	0	0	0	9,432,616	44,053,321	(66,770,098)	300,296,967	946,078,923	2,270,206,716	XXX	2,150,421,081
12. Income from fees of uninsured plans	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	169,105,136	169,105,136
13. Net investment and other gain/(loss)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	769,748,944	XXX	769,748,944
14. Federal income taxes (excluding taxes on Line 1.5 above)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	11,318,312	XXX	11,318,312
15. Net gain or (loss) (Lines 11 + 12 + 13 - 14)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	3,028,637,348	XXX	3,077,956,849
16. ICD-10 Implementation Expenses (informational only; already included in general expenses and line 10.4)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
16. 16a ICD-10 Implementation Expenses (informational only; already included in line 10.4)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
OTHER INDICATORS:															
1. Number of certificates/policies	6,800	667,214	1,773,602	0	0	0	0	632	348,552	257,008	10,151,999	4,770,633	17,976,440	162,533	18,138,973
2. Number of Covered Lives	11,616	1,172,717	3,215,270	0	0	0	0	31,944	359,124	257,019	14,907,821	4,770,633	24,726,144	189,492	24,915,636
3. Number of Groups	XXX	119,229	34,393	XXX	0	0	0	632	470	5	129,571	423	284,723	1,486	286,209
4. Member Months	137,956	13,761,614	39,199,688	0	0	0	0	384,695	4,135,606	3,036,511	178,858,195	57,495,837	297,010,102	2,266,012	299,276,114

Is run off business reported in Columns 1 through 9 or 12? Yes [ ] No [ ] If yes, show the amount of premiums and claims included. Premiums $ 0 Claims $ 0

216-2.GT

AFFORDABLE CARE ACT (ACA) RECEIPTS, PAYMENTS, RECEIVABLES and PAYABLES

	Current Year Comprehensive Health Coverage		Prior Year Comprehensive Health Coverage	
	1 Individual Plans	2 Small Group Employer Plans	3 Individual Plans	4 Small Group Employer Plans
ACA Receivables and Payables				
1. Permanent ACA Risk Adjustment Program				
1.0 Premium adjustments receivable/(payable)	2,318,310	2,599,025	2,096,822	(20,438,175)
2. Transitional ACA Reinsurance Program				
2.0 Total amounts recoverable for claims (paid & unpaid)	41,674	XXX	1,450,753	XXX
3. Temporary ACA Risk Corridors Program				
3.1 Accrued retrospective premium	0	0	0	0
3.2 Reserve for rate credits or policy experience refunds	0	0	0	0
ACA Receipts and Payments				
4. Permanent ACA Risk Adjustment Program				
4.0 Premium adjustments receipts/(payments)	3,355,775	40,008,432	(8,663,574)	(1,146,604)
5. Transitional ACA Reinsurance Program				
5.0 Amounts received for claims	1,409,080	XXX	7,396,000	XXX
6. Temporary ACA Risk Corridors Program				
6.1 Retrospective premium received	0	99	0	0
6.2 Rate credits or policy experience refunds paid	0	0	0	34,243

SUPPLEMENT FOR THE YEAR 2018 OF THE UnitedHealthcare Insurance Company

SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 2

(To Be Filed by April 1 - Not for Rebate Purposes)

REPORT FOR: 1. CORPORATION UnitedHealthcare Insurance Company 2. 185 Asylum Street Hartford, CT 061033408 (LOCATION)

NAIC Group Code 0707 BUSINESS IN THE STATE OF Grand Total DURING THE YEAR 2018 NAIC Company Code 79413

	Business Subject to MLR												
	Comprehensive Health Coverage			Mini-Med Plans			Expatriate Plans:		9	10	11	12	13
	1 Individual	2 Small Group Employer	3 Large Group Employer	4 Individual	5 Small Group Employer	6 Large Group Employer	7 Small Group	8 Large Group	Student Health Plans	Government Business (excluded by statute)	Other Health Business	Medicare Advantage Part C and Medicare Part D Stand-Alone Subject to ACA	Total (a)
1. Health Premiums Earned:													
1.1 Direct premiums written	78,053,535	6,350,311,815	15,172,835,347	0	0	0	0	132,161,128	716,540,489	2,601,121,042	13,322,256,496	15,757,921,844	54,131,201,696
1.2 Unearned premium prior year	77,862	1,129,910	(543,562)	0	0	0	0	0	224,427,367	0	4,488,070	0	229,579,647
1.3 Unearned premium current year	67,325	644,904	37,646	0	0	0	0	0	248,406,377	0	6,643,093	0	255,799,345
1.4 Change in unearned premium (Lines 1.2 - 1.3)	10,537	485,006	(581,208)	0	0	0	0	0	(23,979,010)	0	(2,155,023)	0	(26,219,698)
1.5 Paid rate credits	(729,479)	46,182,018	16,943,970	0	0	0	0	0	0	(1,057,949)	(59,233,578)	243,939,270	246,044,252
1.6 Reserve for rate credits current year	21,423	50,496,869	78,302,407	0	0	0	0	0	2,834,678	11,982,530	1,703,779,322	126,452,971	1,973,870,199
1.7 Reserve for rate credits prior year	0	41,415,023	59,756,750	0	0	0	0	0	0	14,429,463	1,720,535,645	238,999,444	2,075,136,325
1.8 Change in reserve for rate credits (Lines 1.6 - 1.7)	21,423	9,081,846	18,545,657	0	0	0	0	0	2,834,678	(2,446,934)	(16,756,322)	(112,546,473)	(101,266,125)
1.9 Premium balances written off	196,278	2,633,318	13,168,156	0	0	0	0	1,727	0	2,063,283	(167,693)	47,036,077	64,931,146
1.10 Group conversion charge	0	0	0	0	0	0	0	0	0	0	0	0	0
1.11 Total direct premiums earned (Lines 1.1 + 1.4 - 1.9 + 1.10)	77,867,794	6,348,163,503	15,159,085,983	0	0	0	0	132,159,401	692,561,479	2,599,057,759	13,320,269,166	15,710,885,767	54,040,050,853
1.12 Assumed premiums earned from non-affiliates	0	0	97,012,331	0	0	0	0	0	12,774,339	0	11,545,988	0	121,332,658
1.13 Net Assumed less Ceded premiums earned from affiliates	1,067,472	11,118,076	340,612,497	0	0	0	0	2,640,920	23,302,597	1,034,038,909	631,379,390	176,806,029	2,220,965,889
1.14 Ceded premiums earned to non-affiliates	0	(1,707)	2,057,810,309	0	0	0	0	0	(2,261,589)	0	22,931,919	0	2,078,478,932
1.15 Other Adjustments due to MLR calculation - Premiums	196,278	2,633,318	13,168,156	0	0	0	0	1,727	0	2,063,283	(167,693)	47,036,077	64,931,146
1.16 Net premiums earned (Lines 1.11 - 1.5 - 1.8 + 1.12 + 1.13 - 1.14 + 1.15)	79,839,600	6,306,652,739	13,516,579,031	0	0	0	0	134,802,048	728,065,326	3,638,664,834	14,016,084,832	15,803,335,076	54,224,023,487
2. Direct Claims Incurred:													
2.1 Paid claims during the year	74,449,424	4,652,268,783	12,272,299,166	0	0	0	0	80,266,360	535,736,429	2,372,930,753	10,688,777,192	12,274,201,526	42,950,929,633
2.2 Direct claim liability current year	1,833,690	627,674,257	1,542,933,945	0	0	0	0	19,623,252	99,550,684	209,516,951	1,188,437,588	1,227,674,507	4,917,244,875
2.3 Direct claim liability prior year	2,733,760	561,132,826	1,521,586,213	0	0	0	0	19,365,846	95,580,258	180,939,376	1,137,171,090	1,375,075,202	4,893,584,570
2.4 Direct claim reserves current year	198,361	20,580,973	31,307,555	0	0	0	0	265,678	11,357	705,679	502,911,926	5,748,121	561,729,650
2.5 Direct claim reserves prior year	269,041	15,545,123	31,908,158	0	0	0	0	234,308	5,055	763,653	482,756,607	2,309,508	533,791,454
2.6 Direct contract reserves current year	9,085,555	0	0	0	0	0	0	0	0	0	659,668,156	0	668,753,712
2.7 Direct contract reserves prior year	11,832,252	0	3,808	0	0	0	0	0	0	0	598,902,096	6	610,738,162
2.8 Paid rate credits	(729,479)	46,182,018	16,943,970	0	0	0	0	0	0	(1,057,949)	(59,233,578)	243,939,270	246,044,252
2.9 Reserve for rate credits current year	21,423	50,496,869	78,302,407	0	0	0	0	0	2,834,678	11,982,530	1,703,779,322	126,452,971	1,973,870,199
2.10 Reserve for rate credits prior year	0	41,415,023	59,756,750	0	0	0	0	0	0	14,429,463	1,720,535,645	238,999,444	2,075,136,325
2.11 Incurred medical incentive pools and bonuses (Lines 2.11a + 2.11b - 2.11c)	1,967	7,537,682	23,326,445	0	0	0	0	83,489	23,051	804,385	118,025	51,464,786	83,359,831
2.11a Paid medical incentive pools and bonuses current year	2,238	5,805,173	13,393,047	0	0	0	0	34,561	3,484	575,184	119,528	51,642,809	71,576,024
2.11b Accrued medical incentive pools and bonuses current year	664	9,329,966	35,841,563	0	0	0	0	147,741	24,264	647,767	453	50,324,217	96,316,635
2.11c Accrued medical incentive pools and bonuses prior year	935	7,597,456	25,908,165	0	0	0	0	98,813	4,697	418,566	1,956	50,502,241	84,532,828
2.12 Net healthcare receivables (Lines 2.12a - 2.12b)	(100,486)	10,892,177	(17,841,668)	0	0	0	0	168,116	1,028,594	(4,027,385)	(1,454,094)	(16,225,943)	(27,560,689)
2.12a Healthcare receivables current year	102,991	135,721,053	332,007,036	0	0	0	0	866,050	9,503,359	6,004,945	396,542	1,634,770,048	2,119,372,025
2.12b Healthcare receivables prior year	203,476	124,828,876	349,848,704	0	0	0	0	697,935	8,474,765	10,032,330	1,850,636	1,650,995,991	2,146,932,713
2.13 Group conversion charge	0	0	0	0	0	0	0	0	0	0	0	0	0
2.14 Multi-option coverage blended rate adjustment	0	0	0	0	0	0	0	0	0	0	0	0	0
2.15 Total incurred claims (Lines 2.1 + 2.2 - 2.3 + 2.4 - 2.5 + 2.6 - 2.7 + 2.8 + 2.9 - 2.10 + 2.11 - 2.12 + 2.13 + 2.14)	70,126,373	4,775,755,434	12,369,700,227	0	0	0	0	80,470,510	541,542,292	2,402,777,242	10,746,547,289	12,329,322,963	43,316,242,330
2.16 Assumed incurred claims from non-affiliates	0	0	82,740,953	0	0	0	0	0	9,190,277	0	9,982,623	0	101,913,854
2.17 Net assumed less ceded incurred claims from affiliates	854,595	10,534,852	262,807,911	0	0	0	0	1,567,389	21,167,562	863,549,104	496,552,991	108,024,067	1,765,058,470
2.18 Ceded incurred claims to non-affiliates	11,693	(3)	1,803,018,243	0	0	0	0	404	(2,163,902)	0	12,712,574	0	1,813,579,010
2.19 Other adjustments due to MLR calculation - Claims	0	0	0	0	0	0	0	0	0	0	0	0	0
2.20 Net Incurred Claims (Lines 2.15 - 2.8 - 2.9 + 2.10 + 2.16 + 2.17 - 2.18 + 2.19)	71,677,331	4,731,026,423	10,876,741,221	0	0	0	0	82,037,495	571,229,355	3,269,831,228	11,316,360,229	12,305,954,233	43,224,857,516
3. Fraud and Abuse Recoveries that Reduced PAID Claims in Line 2.1 above (informational only)	1,203	3,627,201	6,427,869	0	0	0	0	0	40	33,573	0	2,936,317	13,026,203

(a) Column 13, Line 1.1 includes direct written premium of $ 906,541,195 for stand-alone dental and $ 366,191,257 for stand-alone vision policies.

SUPPLEMENT FOR THE YEAR 2018 OF THE UnitedHealthcare Insurance Company

SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 3

(To Be Filed by April 1 - Not for Rebate Purposes)

REPORT FOR: 1. CORPORATION UnitedHealthcare Insurance Company 2. 185 Asylum Street Hartford, CT 061033408 (LOCATION)

NAIC Group Code 0707 BUSINESS IN THE STATE OF Grand Total DURING THE YEAR 2018 NAIC Company Code 79413

	All Expenses	Improving Health Care Quality Expenses						Claims Adjustment Expenses		9	10
		1 Improve Health Outcomes	2 Activities to Prevent Hospital Readmissions	3 Improve Patient Safety and Reduce Medical Errors	4 Wellness & Health Promotion Activities	5 HIT Expenses	6 Total (1 to 5)	7 Cost Containment Expenses	8 Other Claims Adjustment Expenses	General Administrative Expenses	Total Expenses (6 to 9)
1.	Individual Comprehensive Coverage Expenses:										
	1.1 Salaries (including $ 1,930,066 for affiliated services)	0	0	0	0	0	0	177,353	421,937	1,330,771	1,930,062
	1.2 Outsourced Services	0	0	0	0	0	0	34,840	34,689	108,313	177,842
	1.3 EDP Equipment and Software (incl $ 115,036 for affiliated services)	0	0	0	0	0	0	14,810	24,962	75,262	115,035
	1.4 Other Equipment (excl. EDP) (incl $ 11,042 for affiliated services)	0	0	0	0	0	0	1,422	2,396	6,657	10,474
	1.5 Accreditation and Certification (incl $ 1,201 for affiliated services)	0	XXX	XXX	XXX	XXX	0	154	260	784	1,199
	1.6 Other Expenses (incl $ 3,516,911 for affiliated services)	622,942	0	0	0	0	622,942	399,721	717,542	5,148,005	6,888,211
	1.7 Subtotal before Reimbursements and Taxes (Lines 1.1 to 1.6)	622,942	0	0	0	0	622,942	628,300	1,201,787	6,669,793	9,122,823
	1.8 Reimbursements by uninsured plans and fiscal intermediaries	0	0	0	0	0	0	(5)	(47)	0	(52)
	1.9 Taxes, Licenses and Fees (in total, for tying purposes)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1,152,957	1,152,957
	1.10 Total (1.7 to 1.9)	622,942	0	0	0	0	622,942	628,296	1,201,740	7,822,750	10,275,728
	1.11 Total Fraud and Abuse Detection/Recovery Expenses included in Column 7 (informational only)	0	0	0	0	0	0	163,500	0	0	163,500
2.	Small Group Comprehensive Coverage Expenses:										
	2.1 Salaries (including $ 186,202,423 for affiliated services)	0	0	0	0	0	0	23,154,515	36,106,346	126,941,560	186,202,421
	2.2 Outsourced Services	0	0	0	0	0	0	7,446,023	4,137,930	14,414,520	25,998,474
	2.3 EDP Equipment and Software (incl $ 13,188,062 for affiliated services)	0	0	0	0	0	0	1,933,510	3,015,048	8,239,500	13,188,058
	2.4 Other Equipment (excl. EDP) (incl $ 1,265,899 for affiliated services)	0	0	0	0	0	0	185,594	289,409	790,895	1,265,899
	2.5 Accreditation and Certification (incl $ 137,454 for affiliated services)	0	XXX	XXX	XXX	XXX	0	20,152	31,424	85,875	137,451
	2.6 Other Expenses (incl $ 301,901,237 for affiliated services)	50,785,308	0	0	0	0	50,785,308	36,268,570	55,082,910	436,664,013	578,800,801
	2.7 Subtotal before Reimbursements and Taxes (Lines 2.1 to 2.6)	50,785,308	0	0	0	0	50,785,308	69,008,364	98,663,068	587,136,364	805,593,104
	2.8 Reimbursements by uninsured plans and fiscal intermediaries	0	0	0	0	0	0	60	582	5	647
	2.9 Taxes, Licenses and Fees (in total, for tying purposes)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	91,519,195	91,519,195
	2.10 Total (2.7 to 2.9)	50,785,308	0	0	0	0	50,785,308	69,008,425	98,663,649	678,655,565	897,112,946
	2.11 Total Fraud and Abuse Detection/Recovery Expenses included in Column 7 (informational only)	0	0	0	0	0	0	18,635,290	0	0	18,635,290
3.	Large Group Comprehensive Coverage Expenses:										
	3.1 Salaries (including $ 283,125,649 for affiliated services)	0	0	0	0	0	0	39,055,722	55,043,520	189,026,408	283,125,651
	3.2 Outsourced Services	0	0	0	0	0	0	15,931,028	6,339,107	20,347,767	42,617,901
	3.3 EDP Equipment and Software (incl $ 18,820,456 for affiliated services)	0	0	0	0	0	0	3,261,335	4,596,391	10,962,726	18,820,451
	3.4 Other Equipment (excl. EDP) (incl $ 1,806,539 for affiliated services)	0	0	0	0	0	0	313,050	441,199	1,052,293	1,806,542
	3.5 Accreditation and Certification (incl $ 196,153 for affiliated services)	0	XXX	XXX	XXX	XXX	0	33,991	47,905	114,258	196,154
	3.6 Other Expenses (incl $ 768,434,108 for affiliated services)	121,272,688	0	0	0	0	121,272,688	107,176,760	149,390,866	507,477,275	885,317,589
	3.7 Subtotal before Reimbursements and Taxes (Lines 3.1 to 3.6)	121,272,688	0	0	0	0	121,272,688	165,771,886	215,858,989	728,980,726	1,231,884,289
	3.8 Reimbursements by uninsured plans and fiscal intermediaries	0	0	0	0	0	0	932	3,449	22,912	27,293
	3.9 Taxes, Licenses and Fees (in total, for tying purposes)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	237,712,746	237,712,746
	3.10 Total (3.7 to 3.9)	121,272,688	0	0	0	0	121,272,688	165,772,818	215,862,437	966,716,385	1,469,624,328
	3.11 Total Fraud and Abuse Detection/Recovery Expenses included in Column 7 (informational only)	0	0	0	0	0	0	48,043,514	0	0	48,043,514

SUPPLEMENT FOR THE YEAR 2018 OF THE UnitedHealthcare Insurance Company

SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 3 (Continued)

	All Expenses	Improving Health Care Quality Expenses						Claims Adjustment Expenses		9	10
		1 Improve Health Outcomes	2 Activities to Prevent Hospital Readmissions	3 Improve Patient Safety and Reduce Medical Errors	4 Wellness & Health Promotion Activities	5 HIT Expenses	6 Total (1 to 5)	7 Cost Containment Expenses	8 Other Claims Adjustment Expenses	General Administrative Expenses	Total Expenses (6 to 9)
4.	Individual Mini-Med Plans Expenses:										
	4.1 Salaries (including $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	4.2 Outsourced Services	0	0	0	0	0	0	0	0	0	0
	4.3 EDP Equipment and Software (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	4.4 Other Equipment (excl. EDP) (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	4.5 Accreditation and Certification (incl $ 0 for affiliated services)	0	XXX	XXX	XXX	XXX	0	0	0	0	0
	4.6 Other Expenses (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	4.7 Subtotal before Reimbursements and Taxes (Lines 4.1 to 4.6)	0	0	0	0	0	0	0	0	0	0
	4.8 Reimbursements by uninsured plans and fiscal intermediaries	0	0	0	0	0	0	0	0	0	0
	4.9 Taxes, Licenses and Fees (in total, for tying purposes)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0
	4.10 Total (4.7 to 4.9)	0	0	0	0	0	0	0	0	0	0
	4.11 Total Fraud and Abuse Detection/Recovery Expenses included in Column 7 (informational only)	0	0	0	0	0	0	0	0	0	0
5.	Small Group Mini-Med Plans Expenses:										
	5.1 Salaries (including $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	5.2 Outsourced Services	0	0	0	0	0	0	0	0	0	0
	5.3 EDP Equipment and Software (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	5.4 Other Equipment (excl. EDP) (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	5.5 Accreditation and Certification (incl $ 0 for affiliated services)	0	XXX	XXX	XXX	XXX	0	0	0	0	0
	5.6 Other Expenses (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	5.7 Subtotal before Reimbursements and Taxes (Lines 5.1 to 5.6)	0	0	0	0	0	0	0	0	0	0
	5.8 Reimbursements by uninsured plans and fiscal intermediaries	0	0	0	0	0	0	0	0	0	0
	5.9 Taxes, Licenses and Fees (in total, for tying purposes)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0
	5.10 Total (5.7 to 5.9)	0	0	0	0	0	0	0	0	0	0
	5.11 Total Fraud and Abuse Detection/Recovery Expenses included in Column 7 (informational only)	0	0	0	0	0	0	0	0	0	0
6.	Large Group Mini-Med Plans Expenses:										
	6.1 Salaries (including $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	6.2 Outsourced Services	0	0	0	0	0	0	0	0	0	0
	6.3 EDP Equipment and Software (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	6.4 Other Equipment (excl. EDP) (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	6.5 Accreditation and Certification (incl $ 0 for affiliated services)	0	XXX	XXX	XXX	XXX	0	0	0	0	0
	6.6 Other Expenses (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	6.7 Subtotal before Reimbursements and Taxes (Lines 6.1 to 6.6)	0	0	0	0	0	0	0	0	0	0
	6.8 Reimbursements by uninsured plans and fiscal intermediaries	0	0	0	0	0	0	0	0	0	0
	6.9 Taxes, Licenses and Fees (in total, for tying purposes)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0
	6.10 Total (6.7 to 6.9)	0	0	0	0	0	0	0	0	0	0
	6.11 Total Fraud and Abuse Detection/Recovery Expenses included in Column 7 (informational only)	0	0	0	0	0	0	0	0	0	0

SUPPLEMENT FOR THE YEAR 2018 OF THE UnitedHealthcare Insurance Company

SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 3 (Continued)

	All Expenses	Improving Health Care Quality Expenses						Claims Adjustment Expenses		9	10
		1 Improve Health Outcomes	2 Activities to Prevent Hospital Readmissions	3 Improve Patient Safety and Reduce Medical Errors	4 Wellness & Health Promotion Activities	5 HIT Expenses	6 Total (1 to 5)	7 Cost Containment Expenses	8 Other Claims Adjustment Expenses	General Administrative Expenses	Total Expenses (6 to 9)
7.	Small Group Expatriate Plans Expenses:										
	7.1 Salaries (including $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	7.2 Outsourced Services	0	0	0	0	0	0	0	0	0	0
	7.3 EDP Equipment and Software (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	7.4 Other Equipment (excl. EDP) (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	7.5 Accreditation and Certification (incl $ 0 for affiliated services)	0	XXX	XXX	XXX	XXX	0	0	0	0	0
	7.6 Other Expenses (incl $ 0 for affiliated services)	0	0	0	0	0	0	0	0	0	0
	7.7 Subtotal before Reimbursements and Taxes (Lines 7.1 to 7.6)	0	0	0	0	0	0	0	0	0	0
	7.8 Reimbursements by uninsured plans and fiscal intermediaries	0	0	0	0	0	0	0	0	0	0
	7.9 Taxes, Licenses and Fees (in total, for tying purposes)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0
	7.10 Total (7.7 to 7.9)	0	0	0	0	0	0	0	0	0	0
	7.11 Total Fraud and Abuse Detection/Recovery Expenses included in Column 7 (informational only)	0	0	0	0	0	0	0	0	0	0
8.	Large Group Expatriate Plans Expenses:										
	8.1 Salaries (including $ 8,518,248 for affiliated services)	0	0	0	0	0	0	12,731	42,786	8,462,731	8,518,248
	8.2 Outsourced Services	0	0	0	0	0	0	1,459	4,903	971,050	977,413
	8.3 EDP Equipment and Software (incl $ 711,313 for affiliated services)	0	0	0	0	0	0	1,063	3,573	706,677	711,313
	8.4 Other Equipment (excl. EDP) (incl $ 68,278 for affiliated services)	0	0	0	0	0	0	102	343	67,833	68,278
	8.5 Accreditation and Certification (incl $ 7,414 for affiliated services)	0	XXX	XXX	XXX	XXX	0	11	37	7,365	7,414
	8.6 Other Expenses (incl $ 19,598,134 for affiliated services)	1,057,275	0	0	0	0	1,057,275	28,473	95,694	27,498,278	28,679,721
	8.7 Subtotal before Reimbursements and Taxes (Lines 8.1 to 8.6)	1,057,275	0	0	0	0	1,057,275	43,839	147,337	37,713,934	38,962,386
	8.8 Reimbursements by uninsured plans and fiscal intermediaries	0	0	0	0	0	0	0	0	0	0
	8.9 Taxes, Licenses and Fees (in total, for tying purposes)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1,981,491	1,981,491
	8.10 Total (8.7 to 8.9)	1,057,275	0	0	0	0	1,057,275	43,839	147,337	39,695,425	40,943,876
	8.11 Total Fraud and Abuse Detection/Recovery Expenses included in Column 7 (informational only)	0	0	0	0	0	0	81	0	0	81
9.	Student Health Plans Expenses:										
	9.1 Salaries (including $ 17,060,918 for affiliated services)	0	0	0	0	0	0	1,548,787	2,775,849	12,736,282	17,060,918
	9.2 Outsourced Services	0	0	0	0	0	0	181,385	318,118	1,020,596	1,520,099
	9.3 EDP Equipment and Software (incl $ 1,103,525 for affiliated services)	0	0	0	0	0	0	129,331	231,796	742,398	1,103,525
	9.4 Other Equipment (excl. EDP) (incl $ 105,925 for affiliated services)	0	0	0	0	0	0	12,414	22,250	71,261	105,925
	9.5 Accreditation and Certification (incl $ 11,501 for affiliated services)	0	XXX	XXX	XXX	XXX	0	1,348	2,416	7,738	11,501
	9.6 Other Expenses (incl $ 33,113,789 for affiliated services)	5,540,492	0	0	0	0	5,540,492	3,464,607	6,208,370	38,799,939	54,013,408
	9.7 Subtotal before Reimbursements and Taxes (Lines 9.1 to 9.6)	5,540,492	0	0	0	0	5,540,492	5,337,872	9,558,798	53,378,213	73,815,376
	9.8 Reimbursements by uninsured plans and fiscal intermediaries	0	0	0	0	0	0	0	0	0	0
	9.9 Taxes, Licenses and Fees (in total, for tying purposes)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	11,932,485	11,932,485
	9.10 Total (9.7 to 9.9)	5,540,492	0	0	0	0	5,540,492	5,337,872	9,558,798	65,310,699	85,747,861
	9.11 Total Fraud and Abuse Detection/Recovery Expenses included in Column 7 (informational only)	0	0	0	0	0	0	103,357	0	0	103,357

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SUPPLEMENTAL INVESTMENT RISKS INTERROGATORIES

For The Year Ended December 31, 2018
(To Be Filed by April 1)

Of The UnitedHealthcare Insurance Company

ADDRESS (City, State and Zip Code) Hartford , CT 06103-3408

NAIC Group Code 0707 NAIC Company Code 79413 Federal Employer's Identification Number (FEIN) 36-2739571

The Investment Risks Interrogatories are to be filed by April 1. They are also to be included with the Audited Statutory Financial Statements.

Answer the following interrogatories by reporting the applicable U.S. dollar amounts and percentages of the reporting entity's total admitted assets held in that category of investments.

1. Reporting entity's total admitted assets as reported on Page 2 of this annual statement. $ 20,752,474,121

2. Ten largest exposures to a single issuer/borrower/investment.

	1 Issuer	2 Description of Exposure	3 Amount	4 Percentage of Total Admitted Assets
2.01	UHC Liquidity Pool	Bonds	$ 2,292,412,303	11.0 %
2.02	Oxford Health Insurance, Inc Common Stock	Common Stocks	$ 1,350,114,222	6.5 %
2.03	UnitedHealthcare Ins Co of NY Common Stock	Common Stocks	$ 606,521,436	2.9 %
2.04	FNMA	Bonds	$ 524,379,438	2.5 %
2.05	FHLMC	Bonds	$ 452,488,779	2.2 %
2.06	UnitedHealthcare Ins Co of IL Common Stock	Common Stocks	$ 163,863,016	0.8 %
2.07	UnitedHealthcare of New Mexico, Inc Common Stock	Common Stocks	$ 161,455,498	0.8 %
2.08	GOLDMAN SACHS GP	Bonds	$ 72,355,127	0.3 %
2.09	MORGAN STANLEY	Bonds	$ 67,229,636	0.3 %
2.10	BANK OF AMERICA	Bonds	$ 64,673,437	0.3 %

3. Amounts and percentages of the reporting entity's total admitted assets held in bonds and preferred stocks by NAIC designation.

	Bonds	1	2		Preferred Stocks	3	4
3.01	NAIC-1	$ 9,404,302,777	45.3 %	3.07	P/RP-1	$ 0	0.0 %
3.02	NAIC-2	$ 1,286,294,359	6.2 %	3.08	P/RP-2	$ 16,577,158	0.1 %
3.03	NAIC-3	$ 384,231,916	1.9 %	3.09	P/RP-3	$ 918,500	0.0 %
3.04	NAIC-4	$ 215,723,440	1.0 %	3.10	P/RP-4	$ 0	0.0 %
3.05	NAIC-5	$ 192,889	0.0 %	3.11	P/RP-5	$ 0	0.0 %
3.06	NAIC-6	$ 0	0.0 %	3.12	P/RP-6	$ 0	0.0 %

4. Assets held in foreign investments:

4.01 Are assets held in foreign investments less than 2.5% of the reporting entity's total admitted assets? Yes [ ] No [X]

If response to 4.01 above is yes, responses are not required for interrogatories 5 - 10.

4.02	Total admitted assets held in foreign investments	$ 950,326,684	4.6 %
4.03	Foreign-currency-denominated investments	$ 0	0.0 %
4.04	Insurance liabilities denominated in that same foreign currency	$ 0	0.0 %

5. Aggregate foreign investment exposure categorized by NAIC sovereign designation:

		1	2
5.01	Countries designated NAIC-1	$ 928,776,108	4.5 %
5.02	Countries designated NAIC-2	$ 21,550,576	0.1 %
5.03	Countries designated NAIC-3 or below	$ 0	0.0 %

6. Largest foreign investment exposures by country, categorized by the country's NAIC sovereign designation:

		1	2
	Countries designated NAIC - 1:		
6.01	Country 1: CAYMAN ISLANDS	$ 192,390,486	0.9 %
6.02	Country 2: UNITED KINGDOM	$ 142,722,794	0.7 %
	Countries designated NAIC - 2:		
6.03	Country 1: MEXICO	$ 10,899,054	0.1 %
6.04	Country 2: ITALY	$ 9,834,958	0.0 %
	Countries designated NAIC - 3 or below:		
6.05	Country 1:	$ 0	0.0 %
6.06	Country 2:	$ 0	0.0 %

		1	2
7.	Aggregate unhedged foreign currency exposure	$ 0	0.0 %

8. Aggregate unhedged foreign currency exposure categorized by NAIC sovereign designation:

		1	2
8.01	Countries designated NAIC-1	$ 0	0.0 %
8.02	Countries designated NAIC-2	$ 0	0.0 %
8.03	Countries designated NAIC-3 or below	$ 0	0.0 %

9. Largest unhedged foreign currency exposures by country, categorized by the country's NAIC sovereign designation:

		1	2
	Countries designated NAIC - 1:		
9.01	Country 1:	$ 0	0.0 %
9.02	Country 2:	$ 0	0.0 %
	Countries designated NAIC - 2:		
9.03	Country 1:	$ 0	0.0 %
9.04	Country 2:	$ 0	0.0 %
	Countries designated NAIC - 3 or below:		
9.05	Country 1:	$ 0	0.0 %
9.06	Country 2:	$ 0	0.0 %

10. Ten largest non-sovereign (i.e. non-governmental) foreign issues:

	1 Issuer	2 NAIC Designation	3	4
10.01	HSBC HOLDINGS	1	$ 28,534,366	0.1 %
10.02	Sumitomo Mitsui Banking Corp	1	$ 28,130,034	0.1 %
10.03	LLOYDS BK GR PLC	1	$ 18,523,911	0.1 %
10.04	MIZUHO BANK LTD	1	$ 18,407,199	0.1 %
10.05	SVENSKA HANDELSBANKEN NY	1	$ 17,201,036	0.1 %
10.06	UBS GROUP FUNDIN	1	$ 17,180,252	0.1 %
10.07	NORDEA BANK AB	1	$ 14,879,464	0.1 %
10.08	BNP Paribas	1	$ 13,556,991	0.1 %
10.09	ING BANK NV	1	$ 13,313,290	0.1 %
10.10	BANQ FED CRD MUT	1	$ 12,484,153	0.1 %

11. Amounts and percentages of the reporting entity's total admitted assets held in Canadian investments and unhedged Canadian currency exposure:

11.01 Are assets held in Canadian investments less than 2.5% of the reporting entity's total admitted assets? ..... Yes [X] No [ ]

If response to 11.01 is yes, detail is not required for the remainder of interrogatory 11.

		1	2
11.02	Total admitted assets held in Canadian investments	$ 0	0.0 %
11.03	Canadian-currency-denominated investments	$ 0	0.0 %
11.04	Canadian-denominated insurance liabilities	$ 0	0.0 %
11.05	Unhedged Canadian currency exposure	$ 0	0.0 %

12. Report aggregate amounts and percentages of the reporting entity's total admitted assets held in investments with contractual sales restrictions:

12.01 Are assets held in investments with contractual sales restrictions less than 2.5% of the reporting entity's total admitted assets? ..... Yes [X] No [ ]

If response to 12.01 is yes, responses are not required for the remainder of Interrogatory 12.

	1	2	3
12.02	Aggregate statement value of investments with contractual sales restrictions	$ 0	0.0 %
	Largest three investments with contractual sales restrictions:		
12.03		$ 0	0.0 %
12.04		$ 0	0.0 %
12.05		$ 0	0.0 %

13. Amounts and percentages of admitted assets held in the ten largest equity interests:

13.01 Are assets held in equity interests less than 2.5% of the reporting entity's total admitted assets? ..... Yes [ ] No [X]

If response to 13.01 above is yes, responses are not required for the remainder of Interrogatory 13.

	1 Issuer	2	3
13.02	Oxford Health Insurance, Inc Common Stock	$ 1,350,114,222	6.5 %
13.03	UnitedHealthcare Ins Co of NY Common Stock	$ 606,521,436	2.9 %
13.04	UnitedHealthcare Ins Co of IL Common Stock	$ 163,863,016	0.8 %
13.05	UnitedHealthcare of New Mexico, Inc Common Stock	$ 161,455,498	0.8 %
13.06	Unimerica Life Ins Co of New York Common Stock	$ 22,611,920	0.1 %
13.07	PEPSICO INC Common Stock	$ 11,730,435	0.1 %
13.08	McDonalds Corporation Common Stock	$ 11,721,396	0.1 %
13.09	COCA-COLA CO/THE Common Stock	$ 11,326,451	0.1 %
13.10	JOHNSON&JOHNSON Common Stock	$ 11,198,830	0.1 %
13.11	MICROSOFT CORP Common Stock	$ 9,912,115	0.0 %

14. Amounts and percentages of the reporting entity's total admitted assets held in nonaffiliated, privately placed equities:

14.01 Are assets held in nonaffiliated, privately placed equities less than 2.5% of the reporting entity's total admitted assets? ..... Yes [X] No [ ]

If response to 14.01 above is yes, responses are not required for the remainder of Interrogatory 14.

	1	2	3
14.02	Aggregate statement value of investments held in nonaffiliated, privately placed equities	$ 0	0.0 %
	Largest three investments held in nonaffiliated, privately placed equities:		
14.03		$ 0	0.0 %
14.04		$ 0	0.0 %
14.05		$ 0	0.0 %

15. Amounts and percentages of the reporting entity's total admitted assets held in general partnership interests:

15.01 Are assets held in general partnership interests less than 2.5% of the reporting entity's total admitted assets? ..... Yes [X] No [ ]

If response to 15.01 above is yes, responses are not required for the remainder of Interrogatory 15.

	1	2	3
15.02	Aggregate statement value of investments held in general partnership interests	$ 0	0.0 %
	Largest three investments in general partnership interests:		
15.03		$ 0	0.0 %
15.04		$ 0	0.0 %
15.05		$ 0	0.0 %

16. Amounts and percentages of the reporting entity's total admitted assets held in mortgage loans:

16.01 Are mortgage loans reported in Schedule B less than 2.5% of the reporting entity's total admitted assets? ..... Yes [X] No [ ]

If response to 16.01 above is yes, responses are not required for the remainder of Interrogatory 16 and Interrogatory 17.

	1 Type (Residential, Commercial, Agricultural)	2	3
16.02		$ 0	0.0 %
16.03		$ 0	0.0 %
16.04		$ 0	0.0 %
16.05		$ 0	0.0 %
16.06		$ 0	0.0 %
16.07		$ 0	0.0 %
16.08		$ 0	0.0 %
16.09		$ 0	0.0 %
16.10		$ 0	0.0 %
16.11		$ 0	0.0 %

Amount and percentage of the reporting entity's total admitted assets held in the following categories of mortgage loans:

		Loans	
16.12	Construction loans	$ 0	0.0 %
16.13	Mortgage loans over 90 days past due	$ 0	0.0 %
16.14	Mortgage loans in the process of foreclosure	$ 0	0.0 %
16.15	Mortgage loans foreclosed	$ 0	0.0 %
16.16	Restructured mortgage loans	$ 0	0.0 %

17. Aggregate mortgage loans having the following loan-to-value ratios as determined from the most current appraisal as of the annual statement date:

		Residential		Commercial		Agricultural	
	Loan to Value	1	2	3	4	5	6
17.01	above 95%	$ 0	0.0 %	$ 0	0.0 %	$ 0	0.0 %
17.02	91 to 95%	$ 0	0.0 %	$ 0	0.0 %	$ 0	0.0 %
17.03	81 to 90%	$ 0	0.0 %	$ 0	0.0 %	$ 0	0.0 %
17.04	71 to 80%	$ 0	0.0 %	$ 0	0.0 %	$ 0	0.0 %
17.05	below 70%	$ 0	0.0 %	$ 0	0.0 %	$ 0	0.0 %

18. Amounts and percentages of the reporting entity's total admitted assets held in each of the five largest investments in real estate:

18.01 Are assets held in real estate reported less than 2.5% of the reporting entity's total admitted assets? Yes [X] No [ ]

If response to 18.01 above is yes, responses are not required for the remainder of Interrogatory 18.

Largest five investments in any one parcel or group of contiguous parcels of real estate.

	Description 1	2	3
18.02		$ 0	0.0 %
18.03		$ 0	0.0 %
18.04		$ 0	0.0 %
18.05		$ 0	0.0 %
18.06		$ 0	0.0 %

19. Report aggregate amounts and percentages of the reporting entity's total admitted assets held in investments held in mezzanine real estate loans:

19.01 Are assets held in investments held in mezzanine real estate loans less than 2.5% of the reporting entity's total admitted assets? Yes [X] No [ ]

If response to 19.01 is yes, responses are not required for the remainder of Interrogatory 19.

	1	2	3
19.02	Aggregate statement value of investments held in mezzanine real estate loans:	$ 0	0.0 %
	Largest three investments held in mezzanine real estate loans:		
19.03		$ 0	0.0 %
19.04		$ 0	0.0 %
19.05		$ 0	0.0 %

20. Amounts and percentages of the reporting entity's total admitted assets subject to the following types of agreements:

		At Year End		At End of Each Quarter		
				1st Quarter	2nd Quarter	3rd Quarter
		1	2	3	4	5
20.01	Securities lending agreements (do not include assets held as collateral for such transactions)	$ 0	0.0 %	$ 0	$ 0	$ 0
20.02	Repurchase agreements	$ 0	0.0 %	$ 0	$ 0	$ 0
20.03	Reverse repurchase agreements	$ 0	0.0 %	$ 0	$ 0	$ 0
20.04	Dollar repurchase agreements	$ 0	0.0 %	$ 0	$ 0	$ 0
20.05	Dollar reverse repurchase agreements	$ 0	0.0 %	$ 0	$ 0	$ 0

21. Amounts and percentages of the reporting entity's total admitted assets for warrants not attached to other financial instruments, options, caps, and floors:

		Owned		Written	
		1	2	3	4
21.01	Hedging	$ 0	0.0 %	$ 0	0.0 %
21.02	Income generation	$ 0	0.0 %	$ 0	0.0 %
21.03	Other	$ 0	0.0 %	$ 0	0.0 %

22. Amounts and percentages of the reporting entity's total admitted assets of potential exposure for collars, swaps, and forwards:

		At Year End		At End of Each Quarter		
				1st Quarter	2nd Quarter	3rd Quarter
		1	2	3	4	5
22.01	Hedging	$ 0	0.0 %	$ 0	$ 0	$ 0
22.02	Income generation	$ 0	0.0 %	$ 0	$ 0	$ 0
22.03	Replications	$ 0	0.0 %	$ 0	$ 0	$ 0
22.04	Other	$ 0	0.0 %	$ 0	$ 0	$ 0

23. Amounts and percentages of the reporting entity's total admitted assets of potential exposure for futures contracts:

		At Year End		At End of Each Quarter		
				1st Quarter	2nd Quarter	3rd Quarter
		1	2	3	4	5
23.01	Hedging	$ 0	0.0 %	$ 0	$ 0	$ 0
23.02	Income generation	$ 0	0.0 %	$ 0	$ 0	$ 0
23.03	Replications	$ 0	0.0 %	$ 0	$ 0	$ 0
23.04	Other	$ 0	0.0 %	$ 0	$ 0	$ 0



LIFE, HEALTH & ANNUITY GUARANTY ASSOCIATION MODEL ACT ASSESSMENT BASE RECONCILIATION EXHIBIT

FOR THE YEAR ENDED DECEMBER 31, 2018
(To Be Filed by April 1)

OF THE UnitedHealthcare Insurance Company NAIC COMPANY CODE 79413

DIRECT BUSINESS IN THE STATE OF: Alabama

	PREMIUMS, CONSIDERATIONS AND DEPOSITS	1 Life Insurance Premiums	2 Annuity Considerations	3 A & H Premiums	4 Deposit-Type Contract Funds and Other Considerations
1.	Premiums, considerations and deposits from Schedule T or Exhibit of Premiums and Losses	731,135	0	407,200,399	0
2.	Premiums, considerations and deposits NOT reported in Schedule T or Exhibit of Premiums and Losses, including investment contract receipts credited to a liability account	0	0	0	0
	2.1 Contract fees for variable contracts with guarantees	0	0	0	0
	2.2 Any other premiums, considerations and deposits not reported in Schedule T or Exhibit of Premiums and Losses	0	0	0	0
3.	Amounts, if applicable, that were deducted prior to determining amounts included in Lines 1 or 2 which are in the following categories:				
	3.1 Transfers to guaranteed Separate Accounts	0	0	0	0
	3.2 Roll over of GICs or annuities into other companies	0	0	0	0
	3.3 Surrenders or other benefits paid out	0	0	0	0
	3.4 Excess interest credited to accounts	0	0	0	0
	3.5 Aggregate write-ins for other amounts deducted prior to determining amounts included in Lines 1 or 2	0	0	0	0
	3.99 Total (Lines 3.1 through 3.5)	0	0	0	0
4.	Transfers:				
	4.1 Enter in Column 2, as a negative number, and Column 4, as a positive number, the total of all amounts received to fund contracts established under Section 403(b) of the U.S. Internal Revenue Code, that are included in Column 2, Lines 1, 2 and 3.99	0	0	0	0
	4.2 Enter in Column 2, as a positive number, and Column 4, as a negative number, any amounts reported in Column 4, Lines 1, 2 and 3.99 that are allocated. (Note: amounts received to fund contracts established under Section 403(b) of the U.S. Internal Revenue Code, should not be included in line 4.2)	0	0	0	0
	4.3 Enter in Column 4, as a positive number, and Column 2, as a negative number, any amounts reported in Column 2, Lines 1, 2 and 3.99 that are unallocated	0	0	0	0
	4.99 Total (Lines 4.1 + 4.2 + 4.3)	0	0	0	0
5.	Total (Lines 1 + 2 + 3.99 + 4.99)	731,135	0	407,200,399	0
	DEVELOPMENT OF AMOUNTS INCLUDED IN LINES 1 THROUGH 5 THAT SHOULD BE DEDUCTED IN DETERMINING THE BASE Do not include any amount more than once in Lines 6 through 9				
6.	Aggregate write-ins for amounts where the insurer is not subject to risk. Premiums for portions of policies or contracts NOT guaranteed or under which the entire investment risk is borne by the policyholder. (Please specify such deductions and indicate where such amounts were reported in the Annual Statement)	0	0	0	0
7.	Amounts NOT allocated to individuals or individual certificate holders or amounts received for such contracts in excess of limits:				
	7.1 Unallocated funding obligations that do NOT fund government lotteries or employee, union, or association of natural persons benefit plans	XXX	XXX	XXX	0
	7.2 Unallocated funding obligations that fund any employee, union, or association of natural persons benefit plans protected by the Federal Pension Benefit Guaranty Corporation	XXX	XXX	XXX	0
	7.3 Unallocated funding obligations that fund governmental lotteries or employee, union, or association of natural persons benefit plans in excess of $5 million per contract which are NOT: (a) government retirement plans established under Sections 401, 403(b) or 457 of the U.S. Internal Revenue Code, or (b) protected by the Federal Pension Benefit Guaranty Corporation	XXX	XXX	XXX	0
	7.4 Total (Lines 7.1 + 7.2 + 7.3)	XXX	XXX	XXX	0
8.	Dividends/Experience rating credits paid or credited, but only if NOT guaranteed in advance (include only amounts NOT already deducted in determining Lines 1 and 2)	0	0	0	0
9.	Aggregate write-ins for Other Deductions	0	0	85,914,203	0
10.	Total (Lines 6 + 7.4 + 8 + 9)	0	0	85,914,203	0
	MODEL ACT BASE (Line 5 minus Line 10)				
11.	Current Year	731,135	0	321,286,196	0
	DETAILS OF WRITE-INS				
3.501.					
3.502.					
3.503.					
3.598.	Summary of remaining write-ins for Line 3.5 from overflow page	0	0	0	0
3.599.	Totals (Lines 3.501 thru 3.503 plus 3.598)(Line 3.5 above)	0	0	0	0
0601.					
0602.					
0603.					
0698.	Summary of remaining write-ins for Line 6 from overflow page	0	0	0	0
0699.	Totals (Lines 0601 thru 0603 plus 0698)(Line 6 above)	0	0	0	0
0901.	Medicare Part C & D	0	0	83,452,922	0
0902.	Stop Loss	0	0	2,461,281	0
0903.	Medicaid	0	0	0	0
0998.	Summary of remaining write-ins for Line 9 from overflow page	0	0	0	0
0999.	Totals (Lines 0901 thru 0903 plus 0998)(Line 9 above)	0	0	85,914,203	0

7 9 4 1 3 2 0 1 8 3 0 0 0 1 1 0 0

ADJUSTMENTS TO THE LIFE, HEALTH & ANNUITY GUARANTY ASSOCIATION MODEL ACT ASSESSMENT BASE RECONCILIATION EXHIBIT

FOR THE YEAR ENDED DECEMBER 31, 2018
(To Be Filed by April 1)

OF THE UnitedHealthcare Insurance Company NAIC COMPANY CODE 79413

DIRECT BUSINESS IN THE STATE OF: Alabama

		1 Life Insurance Premiums	2 Allocated Annuity and Other Allocated Fund Deposits	3 Accident & Health Premium	4 Unallocated Annuity & Other Unallocated Fund Deposits
1.	MODEL ACT BASE (Line 11 of the Reconciliation Exhibit)	731,135	0	321,286,196	0
	AMOUNTS REQUIRED TO DETERMINE THIS STATE'S ASSESSMENT BASE				
2.	Enter in Column 2, as a positive number, and Column 4, as a negative number, the total of all amounts received to fund allocated contracts established under Section 403(b) of the U.S. Internal Revenue Code that are included in Column 4, Line 1 above	XXX	0	XXX	0
3.	Unallocated funding obligations that do NOT fund government lotteries or employee, union, or association of natural persons benefit plans:				
	3.1 Amounts NOT in excess of $1 million per contract	XXX	XXX	XXX	0
	3.2 All amounts	XXX	XXX	XXX	0
4.	Unallocated funding obligations issued to fund government lotteries or employee, union, or association of natural persons benefit plans which are NOT:				
	(a) governmental retirement plans established under Sections 401, 403(b) or 457 of the U.S. Internal Revenue Code, or				
	(b) protected by the Federal Pension Benefit Guaranty Corporation:				
	4.1 Amounts NOT in excess of $1 million per contract	XXX	XXX	XXX	0
	4.2 Amounts in excess of $1 million but NOT in excess of $5 million per contract	XXX	XXX	XXX	0
	4.3 Amounts in excess of $5 million per contract	XXX	XXX	XXX	0
	4.4 Total (Lines 4.1 + 4.2 + 4.3)	XXX	XXX	XXX	0
	4.5 Amounts up to $7.5 million, per contract (Minnesota only)	XXX	XXX	XXX	0
5.	Unallocated funding obligations issued to fund governmental retirement plans established under Sections 401 and 457 of the U.S. Internal Revenue Code:				
	5.1 Amounts in excess of $1 million per contract	XXX	XXX	XXX	0
	5.2 All amounts	XXX	XXX	XXX	0
	5.3 Amounts in excess of $2 million per contract (New Jersey Only)	XXX	XXX	XXX	0
	5.4 Amounts not in excess of $7.5 million per contract (Minnesota Only)	XXX	XXX	XXX	0
6.	Unallocated funding obligations issued to fund governmental retirement plans established under Sections 403(b) of the U.S. Internal Revenue Code:				
	6.1 Amounts NOT in excess of $1 million per contract	XXX	XXX	XXX	0
	6.2 Amounts in excess of $1 million per contract	XXX	XXX	XXX	0
	6.3 Total (Lines 6.1 + 6.2)	XXX	XXX	XXX	0
	6.4 Amounts in excess of $2 million per contract (New Jersey Only)	XXX	XXX	XXX	0
	6.5 Amounts not in excess of $7.5 million per contract (Minnesota Only)	XXX	XXX	XXX	0
7.	Unallocated funding obligations that fund employee, union, or association of natural persons benefit plans protected by the Federal Pension Benefit Guaranty Corporation:				
	7.1 Amounts NOT in excess of $1 million per contract	XXX	XXX	XXX	0
	7.2 All amounts	XXX	XXX	XXX	0
	7.3 Amounts NOT in excess of $2 million per contract (New Jersey only)	XXX	XXX	XXX	0
8.	Unallocated funding obligations issued to fund government lotteries NOT in excess of $5 million per contractholder (New Jersey Only)	XXX	XXX	XXX	0
9.	Unallocated funding obligations that fund employee or association of natural persons benefit plans in excess of $2 million but NOT in excess of $5 million per contract (New Jersey Only)	XXX	XXX	XXX	0
10.	Aggregate write-ins for other deductions	0	0	0	0
	BASE				
11.	Current Year (2018)	731,135	0	321,286,196	0
	DETAILS OF WRITE-INS				
1001.					
1002.					
1003.					
1098.	Summary of remaining write-ins for Line 10 from overflow page	0	0	0	0
1099.	Totals (Lines 1001 thru 1003 plus 1098)(Line 10 above)	0	0	0	0



LIFE, HEALTH & ANNUITY GUARANTY ASSOCIATION MODEL ACT ASSESSMENT BASE RECONCILIATION EXHIBIT

FOR THE YEAR ENDED DECEMBER 31, 2018
(To Be Filed by April 1)

OF THE UnitedHealthcare Insurance Company NAIC COMPANY CODE 79413

DIRECT BUSINESS IN THE STATE OF: Alaska

	PREMIUMS, CONSIDERATIONS AND DEPOSITS	1 Life Insurance Premiums	2 Annuity Considerations	3 A & H Premiums	4 Deposit-Type Contract Funds and Other Considerations
1.	Premiums, considerations and deposits from Schedule T or Exhibit of Premiums and Losses	22,648	0	42,844,980	0
2.	Premiums, considerations and deposits NOT reported in Schedule T or Exhibit of Premiums and Losses, including investment contract receipts credited to a liability account	0	0	0	0
	2.1 Contract fees for variable contracts with guarantees	0	0	0	0
	2.2 Any other premiums, considerations and deposits not reported in Schedule T or Exhibit of Premiums and Losses	0	0	0	0
3.	Amounts, if applicable, that were deducted prior to determining amounts included in Lines 1 or 2 which are in the following categories:				
	3.1 Transfers to guaranteed Separate Accounts	0	0	0	0
	3.2 Roll over of GICs or annuities into other companies	0	0	0	0
	3.3 Surrenders or other benefits paid out	0	0	0	0
	3.4 Excess interest credited to accounts	0	0	0	0
	3.5 Aggregate write-ins for other amounts deducted prior to determining amounts included in Lines 1 or 2	0	0	0	0
	3.99 Total (Lines 3.1 through 3.5)	0	0	0	0
4.	Transfers:				
	4.1 Enter in Column 2, as a negative number, and Column 4, as a positive number, the total of all amounts received to fund contracts established under Section 403(b) of the U.S. Internal Revenue Code, that are included in Column 2, Lines 1, 2 and 3.99	0	0	0	0
	4.2 Enter in Column 2, as a positive number, and Column 4, as a negative number, any amounts reported in Column 4, Lines 1, 2 and 3.99 that are allocated. (Note: amounts received to fund contracts established under Section 403(b) of the U.S. Internal Revenue Code, should not be included in line 4.2)	0	0	0	0
	4.3 Enter in Column 4, as a positive number, and Column 2, as a negative number, any amounts reported in Column 2, Lines 1, 2 and 3.99 that are unallocated	0	0	0	0
	4.99 Total (Lines 4.1 + 4.2 + 4.3)	0	0	0	0
5.	Total (Lines 1 + 2 + 3.99 + 4.99)	22,648	0	42,844,980	0
	DEVELOPMENT OF AMOUNTS INCLUDED IN LINES 1 THROUGH 5 THAT SHOULD BE DEDUCTED IN DETERMINING THE BASE Do not include any amount more than once in Lines 6 through 9				
6.	Aggregate write-ins for amounts where the insurer is not subject to risk. Premiums for portions of policies or contracts NOT guaranteed or under which the entire investment risk is borne by the policyholder. (Please specify such deductions and indicate where such amounts were reported in the Annual Statement)	0	0	0	0
7.	Amounts NOT allocated to individuals or individual certificate holders or amounts received for such contracts in excess of limits:				
	7.1 Unallocated funding obligations that do NOT fund government lotteries or employee, union, or association of natural persons benefit plans	XXX	XXX	XXX	0
	7.2 Unallocated funding obligations that fund any employee, union, or association of natural persons benefit plans protected by the Federal Pension Benefit Guaranty Corporation	XXX	XXX	XXX	0
	7.3 Unallocated funding obligations that fund governmental lotteries or employee, union, or association of natural persons benefit plans in excess of $5 million per contract which are NOT: (a) government retirement plans established under Sections 401, 403(b) or 457 of the U.S. Internal Revenue Code, or (b) protected by the Federal Pension Benefit Guaranty Corporation	XXX	XXX	XXX	0
	7.4 Total (Lines 7.1 + 7.2 + 7.3)	XXX	XXX	XXX	0
8.	Dividends/Experience rating credits paid or credited, but only if NOT guaranteed in advance (include only amounts NOT already deducted in determining Lines 1 and 2)	0	0	0	0
9.	Aggregate write-ins for Other Deductions	0	0	8,428,364	0
10.	Total (Lines 6 + 7.4 + 8 + 9)	0	0	8,428,364	0
	MODEL ACT BASE (Line 5 minus Line 10)				
11.	Current Year	22,648	0	34,416,616	0
	DETAILS OF WRITE-INS				
3.501.					
3.502.					
3.503.					
3.598.	Summary of remaining write-ins for Line 3.5 from overflow page	0	0	0	0
3.599.	Totals (Lines 3.501 thru 3.503 plus 3.598)(Line 3.5 above)	0	0	0	0
0601.					
0602.					
0603.					
0698.	Summary of remaining write-ins for Line 6 from overflow page	0	0	0	0
0699.	Totals (Lines 0601 thru 0603 plus 0698)(Line 6 above)	0	0	0	0
0901.	Medicare Part C & D	0	0	8,197,174	0
0902.	Stop Loss	0	0	231,190	0
0903.	Medicaid	0	0	0	0
0998.	Summary of remaining write-ins for Line 9 from overflow page	0	0	0	0
0999.	Totals (Lines 0901 thru 0903 plus 0998)(Line 9 above)	0	0	8,428,364	0

7 9 4 1 3 2 0 1 8 3 0 0 0 2 1 0 0

ADJUSTMENTS TO THE LIFE, HEALTH & ANNUITY GUARANTY ASSOCIATION MODEL ACT ASSESSMENT BASE RECONCILIATION EXHIBIT

FOR THE YEAR ENDED DECEMBER 31, 2018
(To Be Filed by April 1)

OF THE UnitedHealthcare Insurance Company NAIC COMPANY CODE 79413

DIRECT BUSINESS IN THE STATE OF: Alaska

		1 Life Insurance Premiums	2 Allocated Annuity and Other Allocated Fund Deposits	3 Accident & Health Premium	4 Unallocated Annuity & Other Unallocated Fund Deposits
1.	MODEL ACT BASE (Line 11 of the Reconciliation Exhibit)	22,648	0	34,416,616	0
	AMOUNTS REQUIRED TO DETERMINE THIS STATE'S ASSESSMENT BASE				
2.	Enter in Column 2, as a positive number, and Column 4, as a negative number, the total of all amounts received to fund allocated contracts established under Section 403(b) of the U.S. Internal Revenue Code that are included in Column 4, Line 1 above	XXX	0	XXX	0
3.	Unallocated funding obligations that do NOT fund government lotteries or employee, union, or association of natural persons benefit plans:				
	3.1 Amounts NOT in excess of $1 million per contract	XXX	XXX	XXX	0
	3.2 All amounts	XXX	XXX	XXX	0
4.	Unallocated funding obligations issued to fund government lotteries or employee, union, or association of natural persons benefit plans which are NOT:				
	(a) governmental retirement plans established under Sections 401, 403(b) or 457 of the U.S. Internal Revenue Code, or				
	(b) protected by the Federal Pension Benefit Guaranty Corporation:				
	4.1 Amounts NOT in excess of $1 million per contract	XXX	XXX	XXX	0
	4.2 Amounts in excess of $1 million but NOT in excess of $5 million per contract	XXX	XXX	XXX	0
	4.3 Amounts in excess of $5 million per contract	XXX	XXX	XXX	0
	4.4 Total (Lines 4.1 + 4.2 + 4.3)	XXX	XXX	XXX	0
	4.5 Amounts up to $7.5 million, per contract (Minnesota only)	XXX	XXX	XXX	0
5.	Unallocated funding obligations issued to fund governmental retirement plans established under Sections 401 and 457 of the U.S. Internal Revenue Code:				
	5.1 Amounts in excess of $1 million per contract	XXX	XXX	XXX	0
	5.2 All amounts	XXX	XXX	XXX	0
	5.3 Amounts in excess of $2 million per contract (New Jersey Only)	XXX	XXX	XXX	0
	5.4 Amounts not in excess of $7.5 million per contract (Minnesota Only)	XXX	XXX	XXX	0
6.	Unallocated funding obligations issued to fund governmental retirement plans established under Sections 403(b) of the U.S. Internal Revenue Code:				
	6.1 Amounts NOT in excess of $1 million per contract	XXX	XXX	XXX	0
	6.2 Amounts in excess of $1 million per contract	XXX	XXX	XXX	0
	6.3 Total (Lines 6.1 + 6.2)	XXX	XXX	XXX	0
	6.4 Amounts in excess of $2 million per contract (New Jersey Only)	XXX	XXX	XXX	0
	6.5 Amounts not in excess of $7.5 million per contract (Minnesota Only)	XXX	XXX	XXX	0
7.	Unallocated funding obligations that fund employee, union, or association of natural persons benefit plans protected by the Federal Pension Benefit Guaranty Corporation:				
	7.1 Amounts NOT in excess of $1 million per contract	XXX	XXX	XXX	0
	7.2 All amounts	XXX	XXX	XXX	0
	7.3 Amounts NOT in excess of $2 million per contract (New Jersey only)	XXX	XXX	XXX	0
8.	Unallocated funding obligations issued to fund government lotteries NOT in excess of $5 million per contractholder (New Jersey Only)	XXX	XXX	XXX	0
9.	Unallocated funding obligations that fund employee or association of natural persons benefit plans in excess of $2 million but NOT in excess of $5 million per contract (New Jersey Only)	XXX	XXX	XXX	0
10.	Aggregate write-ins for other deductions	0	0	0	0
	BASE				
11.	Current Year (2018)	22,648	0	34,416,616	0
	DETAILS OF WRITE-INS				
1001.					
1002.					
1003.					
1098.	Summary of remaining write-ins for Line 10 from overflow page	0	0	0	0
1099.	Totals (Lines 1001 thru 1003 plus 1098)(Line 10 above)	0	0	0	0



LIFE, HEALTH & ANNUITY GUARANTY ASSOCIATION MODEL ACT ASSESSMENT BASE RECONCILIATION EXHIBIT

FOR THE YEAR ENDED DECEMBER 31, 2018
(To Be Filed by April 1)

OF THE UnitedHealthcare Insurance Company NAIC COMPANY CODE 79413

DIRECT BUSINESS IN THE STATE OF: Arizona

	PREMIUMS, CONSIDERATIONS AND DEPOSITS	1 Life Insurance Premiums	2 Annuity Considerations	3 A & H Premiums	4 Deposit-Type Contract Funds and Other Considerations
1.	Premiums, considerations and deposits from Schedule T or Exhibit of Premiums and Losses	5,355,767	0	1,606,298,100	0
2.	Premiums, considerations and deposits NOT reported in Schedule T or Exhibit of Premiums and Losses, including investment contract receipts credited to a liability account	0	0	0	0
	2.1 Contract fees for variable contracts with guarantees	0	0	0	0
	2.2 Any other premiums, considerations and deposits not reported in Schedule T or Exhibit of Premiums and Losses	0	0	0	0
3.	Amounts, if applicable, that were deducted prior to determining amounts included in Lines 1 or 2 which are in the following categories:				
	3.1 Transfers to guaranteed Separate Accounts	0	0	0	0
	3.2 Roll over of GICs or annuities into other companies	0	0	0	0
	3.3 Surrenders or other benefits paid out	0	0	0	0
	3.4 Excess interest credited to accounts	0	0	0	0
	3.5 Aggregate write-ins for other amounts deducted prior to determining amounts included in Lines 1 or 2	0	0	0	0
	3.99 Total (Lines 3.1 through 3.5)	0	0	0	0
4.	Transfers:				
	4.1 Enter in Column 2, as a negative number, and Column 4, as a positive number, the total of all amounts received to fund contracts established under Section 403(b) of the U.S. Internal Revenue Code, that are included in Column 2, Lines 1, 2 and 3.99	0	0	0	0
	4.2 Enter in Column 2, as a positive number, and Column 4, as a negative number, any amounts reported in Column 4, Lines 1, 2 and 3.99 that are allocated. (Note: amounts received to fund contracts established under Section 403(b) of the U.S. Internal Revenue Code, should not be included in line 4.2)	0	0	0	0
	4.3 Enter in Column 4, as a positive number, and Column 2, as a negative number, any amounts reported in Column 2, Lines 1, 2 and 3.99 that are unallocated	0	0	0	0
	4.99 Total (Lines 4.1 + 4.2 + 4.3)	0	0	0	0
5.	Total (Lines 1 + 2 + 3.99 + 4.99)	5,355,767	0	1,606,298,100	0
	DEVELOPMENT OF AMOUNTS INCLUDED IN LINES 1 THROUGH 5 THAT SHOULD BE DEDUCTED IN DETERMINING THE BASE Do not include any amount more than once in Lines 6 through 9				
6.	Aggregate write-ins for amounts where the insurer is not subject to risk. Premiums for portions of policies or contracts NOT guaranteed or under which the entire investment risk is borne by the policyholder. (Please specify such deductions and indicate where such amounts were reported in the Annual Statement)	0	0	0	0
7.	Amounts NOT allocated to individuals or individual certificate holders or amounts received for such contracts in excess of limits:				
	7.1 Unallocated funding obligations that do NOT fund government lotteries or employee, union, or association of natural persons benefit plans	XXX	XXX	XXX	0
	7.2 Unallocated funding obligations that fund any employee, union, or association of natural persons benefit plans protected by the Federal Pension Benefit Guaranty Corporation	XXX	XXX	XXX	0
	7.3 Unallocated funding obligations that fund governmental lotteries or employee, union, or association of natural persons benefit plans in excess of $5 million per contract which are NOT: (a) government retirement plans established under Sections 401, 403(b) or 457 of the U.S. Internal Revenue Code, or (b) protected by the Federal Pension Benefit Guaranty Corporation	XXX	XXX	XXX	0
	7.4 Total (Lines 7.1 + 7.2 + 7.3)	XXX	XXX	XXX	0
8.	Dividends/Experience rating credits paid or credited, but only if NOT guaranteed in advance (include only amounts NOT already deducted in determining Lines 1 and 2)	0	0	0	0
9.	Aggregate write-ins for Other Deductions	0	0	180,395,529	0
10.	Total (Lines 6 + 7.4 + 8 + 9)	0	0	180,395,529	0
	MODEL ACT BASE (Line 5 minus Line 10)				
11.	Current Year	5,355,767	0	1,425,902,571	0
	DETAILS OF WRITE-INS				
3.501.					
3.502.					
3.503.					
3.598.	Summary of remaining write-ins for Line 3.5 from overflow page	0	0	0	0
3.599.	Totals (Lines 3.501 thru 3.503 plus 3.598)(Line 3.5 above)	0	0	0	0
0601.					
0602.					
0603.					
0698.	Summary of remaining write-ins for Line 6 from overflow page	0	0	0	0
0699.	Totals (Lines 0601 thru 0603 plus 0698)(Line 6 above)	0	0	0	0
0901.	Medicare Part C & D	0	0	162,642,799	0
0902.	Stop Loss	0	0	17,752,730	0
0903.	Medicaid	0	0	0	0
0998.	Summary of remaining write-ins for Line 9 from overflow page	0	0	0	0
0999.	Totals (Lines 0901 thru 0903 plus 0998)(Line 9 above)	0	0	180,395,529	0



ADJUSTMENTS TO THE LIFE, HEALTH & ANNUITY GUARANTY ASSOCIATION MODEL ACT ASSESSMENT BASE RECONCILIATION EXHIBIT

FOR THE YEAR ENDED DECEMBER 31, 2018
(To Be Filed by April 1)

OF THE UnitedHealthcare Insurance Company NAIC COMPANY CODE 79413

DIRECT BUSINESS IN THE STATE OF: Arizona

		1 Life Insurance Premiums	2 Allocated Annuity and Other Allocated Fund Deposits	3 Accident & Health Premium	4 Unallocated Annuity & Other Unallocated Fund Deposits
1.	MODEL ACT BASE (Line 11 of the Reconciliation Exhibit)	5,355,767	0	1,425,902,571	0
	AMOUNTS REQUIRED TO DETERMINE THIS STATE'S ASSESSMENT BASE				
2.	Enter in Column 2, as a positive number, and Column 4, as a negative number, the total of all amounts received to fund allocated contracts established under Section 403(b) of the U.S. Internal Revenue Code that are included in Column 4, Line 1 above	XXX	0	XXX	0
3.	Unallocated funding obligations that do NOT fund government lotteries or employee, union, or association of natural persons benefit plans:				
	3.1 Amounts NOT in excess of $1 million per contract	XXX	XXX	XXX	0
	3.2 All amounts	XXX	XXX	XXX	0
4.	Unallocated funding obligations issued to fund government lotteries or employee, union, or association of natural persons benefit plans which are NOT:				
	(a) governmental retirement plans established under Sections 401, 403(b) or 457 of the U.S. Internal Revenue Code, or				
	(b) protected by the Federal Pension Benefit Guaranty Corporation:				
	4.1 Amounts NOT in excess of $1 million per contract	XXX	XXX	XXX	0
	4.2 Amounts in excess of $1 million but NOT in excess of $5 million per contract	XXX	XXX	XXX	0
	4.3 Amounts in excess of $5 million per contract	XXX	XXX	XXX	0
	4.4 Total (Lines 4.1 + 4.2 + 4.3)	XXX	XXX	XXX	0
	4.5 Amounts up to $7.5 million, per contract (Minnesota only)	XXX	XXX	XXX	0
5.	Unallocated funding obligations issued to fund governmental retirement plans established under Sections 401 and 457 of the U.S. Internal Revenue Code:				
	5.1 Amounts in excess of $1 million per contract	XXX	XXX	XXX	0
	5.2 All amounts	XXX	XXX	XXX	0
	5.3 Amounts in excess of $2 million per contract (New Jersey Only)	XXX	XXX	XXX	0
	5.4 Amounts not in excess of $7.5 million per contract (Minnesota Only)	XXX	XXX	XXX	0
6.	Unallocated funding obligations issued to fund governmental retirement plans established under Sections 403(b) of the U.S. Internal Revenue Code:				
	6.1 Amounts NOT in excess of $1 million per contract	XXX	XXX	XXX	0
	6.2 Amounts in excess of $1 million per contract	XXX	XXX	XXX	0
	6.3 Total (Lines 6.1 + 6.2)	XXX	XXX	XXX	0
	6.4 Amounts in excess of $2 million per contract (New Jersey Only)	XXX	XXX	XXX	0
	6.5 Amounts not in excess of $7.5 million per contract (Minnesota Only)	XXX	XXX	XXX	0
7.	Unallocated funding obligations that fund employee, union, or association of natural persons benefit plans protected by the Federal Pension Benefit Guaranty Corporation:				
	7.1 Amounts NOT in excess of $1 million per contract	XXX	XXX	XXX	0
	7.2 All amounts	XXX	XXX	XXX	0
	7.3 Amounts NOT in excess of $2 million per contract (New Jersey only)	XXX	XXX	XXX	0
8.	Unallocated funding obligations issued to fund government lotteries NOT in excess of $5 million per contractholder (New Jersey Only)	XXX	XXX	XXX	0
9.	Unallocated funding obligations that fund employee or association of natural persons benefit plans in excess of $2 million but NOT in excess of $5 million per contract (New Jersey Only)	XXX	XXX	XXX	0
10.	Aggregate write-ins for other deductions	0	0	0	0
	BASE				
11.	Current Year (2018)	5,355,767	0	1,425,902,571	0
	DETAILS OF WRITE-INS				
1001.					
1002.					
1003.					
1098.	Summary of remaining write-ins for Line 10 from overflow page	0	0	0	0
1099.	Totals (Lines 1001 thru 1003 plus 1098)(Line 10 above)	0	0	0	0



LIFE, HEALTH & ANNUITY GUARANTY ASSOCIATION MODEL ACT ASSESSMENT BASE RECONCILIATION EXHIBIT

FOR THE YEAR ENDED DECEMBER 31, 2018
(To Be Filed by April 1)

OF THE UnitedHealthcare Insurance Company NAIC COMPANY CODE 79413

DIRECT BUSINESS IN THE STATE OF: Arkansas

	PREMIUMS, CONSIDERATIONS AND DEPOSITS	1 Life Insurance Premiums	2 Annuity Considerations	3 A & H Premiums	4 Deposit-Type Contract Funds and Other Considerations
1.	Premiums, considerations and deposits from Schedule T or Exhibit of Premiums and Losses	1,296,267	0	230,566,773	0
2.	Premiums, considerations and deposits NOT reported in Schedule T or Exhibit of Premiums and Losses, including investment contract receipts credited to a liability account	0	0	0	0
	2.1 Contract fees for variable contracts with guarantees	0	0	0	0
	2.2 Any other premiums, considerations and deposits not reported in Schedule T or Exhibit of Premiums and Losses	0	0	0	0
3.	Amounts, if applicable, that were deducted prior to determining amounts included in Lines 1 or 2 which are in the following categories:				
	3.1 Transfers to guaranteed Separate Accounts	0	0	0	0
	3.2 Roll over of GICs or annuities into other companies	0	0	0	0
	3.3 Surrenders or other benefits paid out	0	0	0	0
	3.4 Excess interest credited to accounts	0	0	0	0
	3.5 Aggregate write-ins for other amounts deducted prior to determining amounts included in Lines 1 or 2	0	0	0	0
	3.99 Total (Lines 3.1 through 3.5)	0	0	0	0
4.	Transfers:				
	4.1 Enter in Column 2, as a negative number, and Column 4, as a positive number, the total of all amounts received to fund contracts established under Section 403(b) of the U.S. Internal Revenue Code, that are included in Column 2, Lines 1, 2 and 3.99	0	0	0	0
	4.2 Enter in Column 2, as a positive number, and Column 4, as a negative number, any amounts reported in Column 4, Lines 1, 2 and 3.99 that are allocated. (Note: amounts received to fund contracts established under Section 403(b) of the U.S. Internal Revenue Code, should not be included in line 4.2)	0	0	0	0
	4.3 Enter in Column 4, as a positive number, and Column 2, as a negative number, any amounts reported in Column 2, Lines 1, 2 and 3.99 that are unallocated	0	0	0	0
	4.99 Total (Lines 4.1 + 4.2 + 4.3)	0	0	0	0
5.	Total (Lines 1 + 2 + 3.99 + 4.99)	1,296,267	0	230,566,773	0
	DEVELOPMENT OF AMOUNTS INCLUDED IN LINES 1 THROUGH 5 THAT SHOULD BE DEDUCTED IN DETERMINING THE BASE Do not include any amount more than once in Lines 6 through 9				
6.	Aggregate write-ins for amounts where the insurer is not subject to risk. Premiums for portions of policies or contracts NOT guaranteed or under which the entire investment risk is borne by the policyholder. (Please specify such deductions and indicate where such amounts were reported in the Annual Statement)	0	0	0	0
7.	Amounts NOT allocated to individuals or individual certificate holders or amounts received for such contracts in excess of limits:				
	7.1 Unallocated funding obligations that do NOT fund government lotteries or employee, union, or association of natural persons benefit plans	XXX	XXX	XXX	0
	7.2 Unallocated funding obligations that fund any employee, union, or association of natural persons benefit plans protected by the Federal Pension Benefit Guaranty Corporation	XXX	XXX	XXX	0
	7.3 Unallocated funding obligations that fund governmental lotteries or employee, union, or association of natural persons benefit plans in excess of $5 million per contract which are NOT: (a) government retirement plans established under Sections 401, 403(b) or 457 of the U.S. Internal Revenue Code, or (b) protected by the Federal Pension Benefit Guaranty Corporation	XXX	XXX	XXX	0
	7.4 Total (Lines 7.1 + 7.2 + 7.3)	XXX	XXX	XXX	0
8.	Dividends/Experience rating credits paid or credited, but only if NOT guaranteed in advance (include only amounts NOT already deducted in determining Lines 1 and 2)	0	0	0	0
9.	Aggregate write-ins for Other Deductions	0	0	29,241,123	0
10.	Total (Lines 6 + 7.4 + 8 + 9)	0	0	29,241,123	0
	MODEL ACT BASE (Line 5 minus Line 10)				
11.	Current Year	1,296,267	0	201,325,650	0
	DETAILS OF WRITE-INS				
3.501.					
3.502.					
3.503.					
3.598.	Summary of remaining write-ins for Line 3.5 from overflow page	0	0	0	0
3.599.	Totals (Lines 3.501 thru 3.503 plus 3.598)(Line 3.5 above)	0	0	0	0
0601.					
0602.					
0603.					
0698.	Summary of remaining write-ins for Line 6 from overflow page	0	0	0	0
0699.	Totals (Lines 0601 thru 0603 plus 0698)(Line 6 above)	0	0	0	0
0901.	Medicare Part C & D	0	0	21,932,357	0
0902.	Stop Loss	0	0	7,308,766	0
0903.	Medicaid	0	0	0	0
0998.	Summary of remaining write-ins for Line 9 from overflow page	0	0	0	0
0999.	Totals (Lines 0901 thru 0903 plus 0998)(Line 9 above)	0	0	29,241,123	0

7 9 4 1 3 2 0 1 8 3 0 0 0 4 1 0 0

ADJUSTMENTS TO THE LIFE, HEALTH & ANNUITY GUARANTY ASSOCIATION MODEL ACT ASSESSMENT BASE RECONCILIATION EXHIBIT

FOR THE YEAR ENDED DECEMBER 31, 2018
(To Be Filed by April 1)

OF THE UnitedHealthcare Insurance Company NAIC COMPANY CODE 79413

DIRECT BUSINESS IN THE STATE OF: Arkansas

		1 Life Insurance Premiums	2 Allocated Annuity and Other Allocated Fund Deposits	3 Accident & Health Premium	4 Unallocated Annuity & Other Unallocated Fund Deposits
1.	MODEL ACT BASE (Line 11 of the Reconciliation Exhibit)	1,296,267	0	201,325,650	0
	AMOUNTS REQUIRED TO DETERMINE THIS STATE'S ASSESSMENT BASE				
2.	Enter in Column 2, as a positive number, and Column 4, as a negative number, the total of all amounts received to fund allocated contracts established under Section 403(b) of the U.S. Internal Revenue Code that are included in Column 4, Line 1 above	XXX	0	XXX	0
3.	Unallocated funding obligations that do NOT fund government lotteries or employee, union, or association of natural persons benefit plans:				
	3.1 Amounts NOT in excess of $1 million per contract	XXX	XXX	XXX	0
	3.2 All amounts	XXX	XXX	XXX	0
4.	Unallocated funding obligations issued to fund government lotteries or employee, union, or association of natural persons benefit plans which are NOT:				
	(a) governmental retirement plans established under Sections 401, 403(b) or 457 of the U.S. Internal Revenue Code, or				
	(b) protected by the Federal Pension Benefit Guaranty Corporation:				
	4.1 Amounts NOT in excess of $1 million per contract	XXX	XXX	XXX	0
	4.2 Amounts in excess of $1 million but NOT in excess of $5 million per contract	XXX	XXX	XXX	0
	4.3 Amounts in excess of $5 million per contract	XXX	XXX	XXX	0
	4.4 Total (Lines 4.1 + 4.2 + 4.3)	XXX	XXX	XXX	0
	4.5 Amounts up to $7.5 million, per contract (Minnesota only)	XXX	XXX	XXX	0
5.	Unallocated funding obligations issued to fund governmental retirement plans established under Sections 401 and 457 of the U.S. Internal Revenue Code:				
	5.1 Amounts in excess of $1 million per contract	XXX	XXX	XXX	0
	5.2 All amounts	XXX	XXX	XXX	0
	5.3 Amounts in excess of $2 million per contract (New Jersey Only)	XXX	XXX	XXX	0
	5.4 Amounts not in excess of $7.5 million per contract (Minnesota Only)	XXX	XXX	XXX	0
6.	Unallocated funding obligations issued to fund governmental retirement plans established under Sections 403(b) of the U.S. Internal Revenue Code:				
	6.1 Amounts NOT in excess of $1 million per contract	XXX	XXX	XXX	0
	6.2 Amounts in excess of $1 million per contract	XXX	XXX	XXX	0
	6.3 Total (Lines 6.1 + 6.2)	XXX	XXX	XXX	0
	6.4 Amounts in excess of $2 million per contract (New Jersey Only)	XXX	XXX	XXX	0
	6.5 Amounts not in excess of $7.5 million per contract (Minnesota Only)	XXX	XXX	XXX	0
7.	Unallocated funding obligations that fund employee, union, or association of natural persons benefit plans protected by the Federal Pension Benefit Guaranty Corporation:				
	7.1 Amounts NOT in excess of $1 million per contract	XXX	XXX	XXX	0
	7.2 All amounts	XXX	XXX	XXX	0
	7.3 Amounts NOT in excess of $2 million per contract (New Jersey only)	XXX	XXX	XXX	0
8.	Unallocated funding obligations issued to fund government lotteries NOT in excess of $5 million per contractholder (New Jersey Only)	XXX	XXX	XXX	0
9.	Unallocated funding obligations that fund employee or association of natural persons benefit plans in excess of $2 million but NOT in excess of $5 million per contract (New Jersey Only)	XXX	XXX	XXX	0
10.	Aggregate write-ins for other deductions	0	0	0	0
	BASE				
11.	Current Year (2018)	1,296,267	0	201,325,650	0
	DETAILS OF WRITE-INS				
1001.					
1002.					
1003.					
1098.	Summary of remaining write-ins for Line 10 from overflow page	0	0	0	0
1099.	Totals (Lines 1001 thru 1003 plus 1098)(Line 10 above)	0	0	0	0



LIFE, HEALTH & ANNUITY GUARANTY ASSOCIATION MODEL ACT ASSESSMENT BASE RECONCILIATION EXHIBIT

FOR THE YEAR ENDED DECEMBER 31, 2018
(To Be Filed by April 1)

OF THE UnitedHealthcare Insurance Company NAIC COMPANY CODE 79413

DIRECT BUSINESS IN THE STATE OF: California

	PREMIUMS, CONSIDERATIONS AND DEPOSITS	1 Life Insurance Premiums	2 Annuity Considerations	3 A & H Premiums	4 Deposit-Type Contract Funds and Other Considerations
1.	Premiums, considerations and deposits from Schedule T or Exhibit of Premiums and Losses	7,305,205	0	3,401,784,846	0
2.	Premiums, considerations and deposits NOT reported in Schedule T or Exhibit of Premiums and Losses, including investment contract receipts credited to a liability account	0	0	0	0
	2.1 Contract fees for variable contracts with guarantees	0	0	0	0
	2.2 Any other premiums, considerations and deposits not reported in Schedule T or Exhibit of Premiums and Losses	0	0	0	0
3.	Amounts, if applicable, that were deducted prior to determining amounts included in Lines 1 or 2 which are in the following categories:				
	3.1 Transfers to guaranteed Separate Accounts	0	0	0	0
	3.2 Roll over of GICs or annuities into other companies	0	0	0	0
	3.3 Surrenders or other benefits paid out	0	0	0	0
	3.4 Excess interest credited to accounts	0	0	0	0
	3.5 Aggregate write-ins for other amounts deducted prior to determining amounts included in Lines 1 or 2	0	0	0	0
	3.99 Total (Lines 3.1 through 3.5)	0	0	0	0
4.	Transfers:				
	4.1 Enter in Column 2, as a negative number, and Column 4, as a positive number, the total of all amounts received to fund contracts established under Section 403(b) of the U.S. Internal Revenue Code, that are included in Column 2, Lines 1, 2 and 3.99	0	0	0	0
	4.2 Enter in Column 2, as a positive number, and Column 4, as a negative number, any amounts reported in Column 4, Lines 1, 2 and 3.99 that are allocated. (Note: amounts received to fund contracts established under Section 403(b) of the U.S. Internal Revenue Code, should not be included in line 4.2)	0	0	0	0
	4.3 Enter in Column 4, as a positive number, and Column 2, as a negative number, any amounts reported in Column 2, Lines 1, 2 and 3.99 that are unallocated	0	0	0	0
	4.99 Total (Lines 4.1 + 4.2 + 4.3)	0	0	0	0
5.	Total (Lines 1 + 2 + 3.99 + 4.99)	7,305,205	0	3,401,784,846	0
	DEVELOPMENT OF AMOUNTS INCLUDED IN LINES 1 THROUGH 5 THAT SHOULD BE DEDUCTED IN DETERMINING THE BASE Do not include any amount more than once in Lines 6 through 9				
6.	Aggregate write-ins for amounts where the insurer is not subject to risk. Premiums for portions of policies or contracts NOT guaranteed or under which the entire investment risk is borne by the policyholder. (Please specify such deductions and indicate where such amounts were reported in the Annual Statement)	0	0	0	0
7.	Amounts NOT allocated to individuals or individual certificate holders or amounts received for such contracts in excess of limits:				
	7.1 Unallocated funding obligations that do NOT fund government lotteries or employee, union, or association of natural persons benefit plans	XXX	XXX	XXX	0
	7.2 Unallocated funding obligations that fund any employee, union, or association of natural persons benefit plans protected by the Federal Pension Benefit Guaranty Corporation	XXX	XXX	XXX	0
	7.3 Unallocated funding obligations that fund governmental lotteries or employee, union, or association of natural persons benefit plans in excess of $5 million per contract which are NOT: (a) government retirement plans established under Sections 401, 403(b) or 457 of the U.S. Internal Revenue Code, or (b) protected by the Federal Pension Benefit Guaranty Corporation	XXX	XXX	XXX	0
	7.4 Total (Lines 7.1 + 7.2 + 7.3)	XXX	XXX	XXX	0
8.	Dividends/Experience rating credits paid or credited, but only if NOT guaranteed in advance (include only amounts NOT already deducted in determining Lines 1 and 2)	0	0	0	0
9.	Aggregate write-ins for Other Deductions	0	0	408,569,051	0
10.	Total (Lines 6 + 7.4 + 8 + 9)	0	0	408,569,051	0
	MODEL ACT BASE (Line 5 minus Line 10)				
11.	Current Year	7,305,205	0	2,993,215,795	0
	DETAILS OF WRITE-INS				
3.501.					
3.502.					
3.503.					
3.598.	Summary of remaining write-ins for Line 3.5 from overflow page	0	0	0	0
3.599.	Totals (Lines 3.501 thru 3.503 plus 3.598)(Line 3.5 above)	0	0	0	0
0601.					
0602.					
0603.					
0698.	Summary of remaining write-ins for Line 6 from overflow page	0	0	0	0
0699.	Totals (Lines 0601 thru 0603 plus 0698)(Line 6 above)	0	0	0	0
0901.	Medicare Part C & D	0	0	371,091,949	0
0902.	Stop Loss	0	0	37,477,102	0
0903.	Medicaid	0	0	0	0
0998.	Summary of remaining write-ins for Line 9 from overflow page	0	0	0	0
0999.	Totals (Lines 0901 thru 0903 plus 0998)(Line 9 above)	0	0	408,569,051	0

7941320183000051000

ADJUSTMENTS TO THE LIFE, HEALTH & ANNUITY GUARANTY ASSOCIATION MODEL ACT ASSESSMENT BASE RECONCILIATION EXHIBIT

FOR THE YEAR ENDED DECEMBER 31, 2018
(To Be Filed by April 1)

OF THE UnitedHealthcare Insurance Company NAIC COMPANY CODE 79413

DIRECT BUSINESS IN THE STATE OF: California

		1 Life Insurance Premiums	2 Allocated Annuity and Other Allocated Fund Deposits	3 Accident & Health Premium	4 Unallocated Annuity & Other Unallocated Fund Deposits
1.	MODEL ACT BASE (Line 11 of the Reconciliation Exhibit)	7,305,205	0	2,993,215,795	0
	AMOUNTS REQUIRED TO DETERMINE THIS STATE'S ASSESSMENT BASE				
2.	Enter in Column 2, as a positive number, and Column 4, as a negative number, the total of all amounts received to fund allocated contracts established under Section 403(b) of the U.S. Internal Revenue Code that are included in Column 4, Line 1 above	XXX	0	XXX	0
3.	Unallocated funding obligations that do NOT fund government lotteries or employee, union, or association of natural persons benefit plans:				
	3.1 Amounts NOT in excess of $1 million per contract	XXX	XXX	XXX	0
	3.2 All amounts	XXX	XXX	XXX	0
4.	Unallocated funding obligations issued to fund government lotteries or employee, union, or association of natural persons benefit plans which are NOT:				
	(a) governmental retirement plans established under Sections 401, 403(b) or 457 of the U.S. Internal Revenue Code, or				
	(b) protected by the Federal Pension Benefit Guaranty Corporation:				
	4.1 Amounts NOT in excess of $1 million per contract	XXX	XXX	XXX	0
	4.2 Amounts in excess of $1 million but NOT in excess of $5 million per contract	XXX	XXX	XXX	0
	4.3 Amounts in excess of $5 million per contract	XXX	XXX	XXX	0
	4.4 Total (Lines 4.1 + 4.2 + 4.3)	XXX	XXX	XXX	0
	4.5 Amounts up to $7.5 million, per contract (Minnesota only)	XXX	XXX	XXX	0
5.	Unallocated funding obligations issued to fund governmental retirement plans established under Sections 401 and 457 of the U.S. Internal Revenue Code:				
	5.1 Amounts in excess of $1 million per contract	XXX	XXX	XXX	0
	5.2 All amounts	XXX	XXX	XXX	0
	5.3 Amounts in excess of $2 million per contract (New Jersey Only)	XXX	XXX	XXX	0
	5.4 Amounts not in excess of $7.5 million per contract (Minnesota Only)	XXX	XXX	XXX	0
6.	Unallocated funding obligations issued to fund governmental retirement plans established under Sections 403(b) of the U.S. Internal Revenue Code:				
	6.1 Amounts NOT in excess of $1 million per contract	XXX	XXX	XXX	0
	6.2 Amounts in excess of $1 million per contract	XXX	XXX	XXX	0
	6.3 Total (Lines 6.1 + 6.2)	XXX	XXX	XXX	0
	6.4 Amounts in excess of $2 million per contract (New Jersey Only)	XXX	XXX	XXX	0
	6.5 Amounts not in excess of $7.5 million per contract (Minnesota Only)	XXX	XXX	XXX	0
7.	Unallocated funding obligations that fund employee, union, or association of natural persons benefit plans protected by the Federal Pension Benefit Guaranty Corporation:				
	7.1 Amounts NOT in excess of $1 million per contract	XXX	XXX	XXX	0
	7.2 All amounts	XXX	XXX	XXX	0
	7.3 Amounts NOT in excess of $2 million per contract (New Jersey only)	XXX	XXX	XXX	0
8.	Unallocated funding obligations issued to fund government lotteries NOT in excess of $5 million per contractholder (New Jersey Only)	XXX	XXX	XXX	0
9.	Unallocated funding obligations that fund employee or association of natural persons benefit plans in excess of $2 million but NOT in excess of $5 million per contract (New Jersey Only)	XXX	XXX	XXX	0
10.	Aggregate write-ins for other deductions	0	0	0	0
	BASE				
11.	Current Year (2018)	7,305,205	0	2,993,215,795	0
	DETAILS OF WRITE-INS				
1001.					
1002.					
1003.					
1098.	Summary of remaining write-ins for Line 10 from overflow page	0	0	0	0
1099.	Totals (Lines 1001 thru 1003 plus 1098)(Line 10 above)	0	0	0	0

7 9 4 1 3 2 0 1 8 2 9 0 0 6 1 0 0

LIFE, HEALTH & ANNUITY GUARANTY ASSOCIATION MODEL ACT ASSESSMENT BASE RECONCILIATION EXHIBIT

FOR THE YEAR ENDED DECEMBER 31, 2018
(To Be Filed by April 1)

OF THE UnitedHealthcare Insurance Company NAIC COMPANY CODE 79413

DIRECT BUSINESS IN THE STATE OF: Colorado

	PREMIUMS, CONSIDERATIONS AND DEPOSITS	1 Life Insurance Premiums	2 Annuity Considerations	3 A & H Premiums	4 Deposit-Type Contract Funds and Other Considerations
1.	Premiums, considerations and deposits from Schedule T or Exhibit of Premiums and Losses	3,771,823	0	1,479,132,679	0
2.	Premiums, considerations and deposits NOT reported in Schedule T or Exhibit of Premiums and Losses, including investment contract receipts credited to a liability account	0	0	0	0
	2.1 Contract fees for variable contracts with guarantees	0	0	0	0
	2.2 Any other premiums, considerations and deposits not reported in Schedule T or Exhibit of Premiums and Losses	0	0	0	0
3.	Amounts, if applicable, that were deducted prior to determining amounts included in Lines 1 or 2 which are in the following categories:				
	3.1 Transfers to guaranteed Separate Accounts	0	0	0	0
	3.2 Roll over of GICs or annuities into other companies	0	0	0	0
	3.3 Surrenders or other benefits paid out	0	0	0	0
	3.4 Excess interest credited to accounts	0	0	0	0
	3.5 Aggregate write-ins for other amounts deducted prior to determining amounts included in Lines 1 or 2	0	0	0	0
	3.99 Total (Lines 3.1 through 3.5)	0	0	0	0
4.	Transfers:				
	4.1 Enter in Column 2, as a negative number, and Column 4, as a positive number, the total of all amounts received to fund contracts established under Section 403(b) of the U.S. Internal Revenue Code, that are included in Column 2, Lines 1, 2 and 3.99	0	0	0	0
	4.2 Enter in Column 2, as a positive number, and Column 4, as a negative number, any amounts reported in Column 4, Lines 1, 2 and 3.99 that are allocated. (Note: amounts received to fund contracts established under Section 403(b) of the U.S. Internal Revenue Code, should not be included in line 4.2)	0	0	0	0
	4.3 Enter in Column 4, as a positive number, and Column 2, as a negative number, any amounts reported in Column 2, Lines 1, 2 and 3.99 that are unallocated	0	0	0	0
	4.99 Total (Lines 4.1 + 4.2 + 4.3)	0	0	0	0
5.	Total (Lines 1 + 2 + 3.99 + 4.99)	3,771,823	0	1,479,132,679	0
	DEVELOPMENT OF AMOUNTS INCLUDED IN LINES 1 THROUGH 5 THAT SHOULD BE DEDUCTED IN DETERMINING THE BASE Do not include any amount more than once in Lines 6 through 9				
6.	Aggregate write-ins for amounts where the insurer is not subject to risk. Premiums for portions of policies or contracts NOT guaranteed or under which the entire investment risk is borne by the policyholder. (Please specify such deductions and indicate where such amounts were reported in the Annual Statement)	0	0	0	0
7.	Amounts NOT allocated to individuals or individual certificate holders or amounts received for such contracts in excess of limits:				
	7.1 Unallocated funding obligations that do NOT fund government lotteries or employee, union, or association of natural persons benefit plans	XXX	XXX	XXX	0
	7.2 Unallocated funding obligations that fund any employee, union, or association of natural persons benefit plans protected by the Federal Pension Benefit Guaranty Corporation	XXX	XXX	XXX	0
	7.3 Unallocated funding obligations that fund governmental lotteries or employee, union, or association of natural persons benefit plans in excess of $5 million per contract which are NOT: (a) government retirement plans established under Sections 401, 403(b) or 457 of the U.S. Internal Revenue Code, or (b) protected by the Federal Pension Benefit Guaranty Corporation	XXX	XXX	XXX	0
	7.4 Total (Lines 7.1 + 7.2 + 7.3)	XXX	XXX	XXX	0
8.	Dividends/Experience rating credits paid or credited, but only if NOT guaranteed in advance (include only amounts NOT already deducted in determining Lines 1 and 2)	0	0	0	0
9.	Aggregate write-ins for Other Deductions	0	0	312,190,180	0
10.	Total (Lines 6 + 7.4 + 8 + 9)	0	0	312,190,180	0
	MODEL ACT BASE (Line 5 minus Line 10)				
11.	Current Year	3,771,823	0	1,166,942,499	0
	DETAILS OF WRITE-INS				
3.501.					
3.502.					
3.503.					
3.598.	Summary of remaining write-ins for Line 3.5 from overflow page	0	0	0	0
3.599.	Totals (Lines 3.501 thru 3.503 plus 3.598)(Line 3.5 above)	0	0	0	0
0601.					
0602.					
0603.					
0698.	Summary of remaining write-ins for Line 6 from overflow page	0	0	0	0
0699.	Totals (Lines 0601 thru 0603 plus 0698)(Line 6 above)	0	0	0	0
0901.	Medicare Part C & D	0	0	283,124,583	0
0902.	Stop Loss	0	0	29,065,597	0
0903.	Medicaid	0	0	0	0
0998.	Summary of remaining write-ins for Line 9 from overflow page	0	0	0	0
0999.	Totals (Lines 0901 thru 0903 plus 0998)(Line 9 above)	0	0	312,190,180	0

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ADJUSTMENTS TO THE LIFE, HEALTH & ANNUITY GUARANTY ASSOCIATION MODEL ACT ASSESSMENT BASE RECONCILIATION EXHIBIT

FOR THE YEAR ENDED DECEMBER 31, 2018
(To Be Filed by April 1)

OF THE UnitedHealthcare Insurance Company NAIC COMPANY CODE 79413

DIRECT BUSINESS IN THE STATE OF: Colorado

		1 Life Insurance Premiums	2 Allocated Annuity and Other Allocated Fund Deposits	3 Accident & Health Premium	4 Unallocated Annuity & Other Unallocated Fund Deposits
1.	MODEL ACT BASE (Line 11 of the Reconciliation Exhibit)	3,771,823	0	1,166,942,499	0
	AMOUNTS REQUIRED TO DETERMINE THIS STATE'S ASSESSMENT BASE				
2.	Enter in Column 2, as a positive number, and Column 4, as a negative number, the total of all amounts received to fund allocated contracts established under Section 403(b) of the U.S. Internal Revenue Code that are included in Column 4, Line 1 above	XXX	0	XXX	0
3.	Unallocated funding obligations that do NOT fund government lotteries or employee, union, or association of natural persons benefit plans:				
	3.1 Amounts NOT in excess of $1 million per contract	XXX	XXX	XXX	0
	3.2 All amounts	XXX	XXX	XXX	0
4.	Unallocated funding obligations issued to fund government lotteries or employee, union, or association of natural persons benefit plans which are NOT:				
	(a) governmental retirement plans established under Sections 401, 403(b) or 457 of the U.S. Internal Revenue Code, or				
	(b) protected by the Federal Pension Benefit Guaranty Corporation:				
	4.1 Amounts NOT in excess of $1 million per contract	XXX	XXX	XXX	0
	4.2 Amounts in excess of $1 million but NOT in excess of $5 million per contract	XXX	XXX	XXX	0
	4.3 Amounts in excess of $5 million per contract	XXX	XXX	XXX	0
	4.4 Total (Lines 4.1 + 4.2 + 4.3)	XXX	XXX	XXX	0
	4.5 Amounts up to $7.5 million, per contract (Minnesota only)	XXX	XXX	XXX	0
5.	Unallocated funding obligations issued to fund governmental retirement plans established under Sections 401 and 457 of the U.S. Internal Revenue Code:				
	5.1 Amounts in excess of $1 million per contract	XXX	XXX	XXX	0
	5.2 All amounts	XXX	XXX	XXX	0
	5.3 Amounts in excess of $2 million per contract (New Jersey Only)	XXX	XXX	XXX	0
	5.4 Amounts not in excess of $7.5 million per contract (Minnesota Only)	XXX	XXX	XXX	0
6.	Unallocated funding obligations issued to fund governmental retirement plans established under Sections 403(b) of the U.S. Internal Revenue Code:				
	6.1 Amounts NOT in excess of $1 million per contract	XXX	XXX	XXX	0
	6.2 Amounts in excess of $1 million per contract	XXX	XXX	XXX	0
	6.3 Total (Lines 6.1 + 6.2)	XXX	XXX	XXX	0
	6.4 Amounts in excess of $2 million per contract (New Jersey Only)	XXX	XXX	XXX	0
	6.5 Amounts not in excess of $7.5 million per contract (Minnesota Only)	XXX	XXX	XXX	0
7.	Unallocated funding obligations that fund employee, union, or association of natural persons benefit plans protected by the Federal Pension Benefit Guaranty Corporation:				
	7.1 Amounts NOT in excess of $1 million per contract	XXX	XXX	XXX	0
	7.2 All amounts	XXX	XXX	XXX	0
	7.3 Amounts NOT in excess of $2 million per contract (New Jersey only)	XXX	XXX	XXX	0
8.	Unallocated funding obligations issued to fund government lotteries NOT in excess of $5 million per contractholder (New Jersey Only)	XXX	XXX	XXX	0
9.	Unallocated funding obligations that fund employee or association of natural persons benefit plans in excess of $2 million but NOT in excess of $5 million per contract (New Jersey Only)	XXX	XXX	XXX	0
10.	Aggregate write-ins for other deductions	0	0	0	0
	BASE				
11.	Current Year (2018)	3,771,823	0	1,166,942,499	0
	DETAILS OF WRITE-INS				
1001.					
1002.					
1003.					
1098.	Summary of remaining write-ins for Line 10 from overflow page	0	0	0	0
1099.	Totals (Lines 1001 thru 1003 plus 1098)(Line 10 above)	0	0	0	0



LIFE, HEALTH & ANNUITY GUARANTY ASSOCIATION MODEL ACT ASSESSMENT BASE RECONCILIATION EXHIBIT

FOR THE YEAR ENDED DECEMBER 31, 2018
(To Be Filed by April 1)

OF THE UnitedHealthcare Insurance Company NAIC COMPANY CODE 79413

DIRECT BUSINESS IN THE STATE OF: Connecticut

	PREMIUMS, CONSIDERATIONS AND DEPOSITS	1 Life Insurance Premiums	2 Annuity Considerations	3 A & H Premiums	4 Deposit-Type Contract Funds and Other Considerations
1.	Premiums, considerations and deposits from Schedule T or Exhibit of Premiums and Losses	2,504,755	0	927,001,839	0
2.	Premiums, considerations and deposits NOT reported in Schedule T or Exhibit of Premiums and Losses, including investment contract receipts credited to a liability account	0	0	0	0
	2.1 Contract fees for variable contracts with guarantees	0	0	0	0
	2.2 Any other premiums, considerations and deposits not reported in Schedule T or Exhibit of Premiums and Losses	0	0	0	0
3.	Amounts, if applicable, that were deducted prior to determining amounts included in Lines 1 or 2 which are in the following categories:				
	3.1 Transfers to guaranteed Separate Accounts	0	0	0	0
	3.2 Roll over of GICs or annuities into other companies	0	0	0	0
	3.3 Surrenders or other benefits paid out	0	0	0	0
	3.4 Excess interest credited to accounts	0	0	0	0
	3.5 Aggregate write-ins for other amounts deducted prior to determining amounts included in Lines 1 or 2	0	0	0	0
	3.99 Total (Lines 3.1 through 3.5)	0	0	0	0
4.	Transfers:				
	4.1 Enter in Column 2, as a negative number, and Column 4, as a positive number, the total of all amounts received to fund contracts established under Section 403(b) of the U.S. Internal Revenue Code, that are included in Column 2, Lines 1, 2 and 3.99	0	0	0	0
	4.2 Enter in Column 2, as a positive number, and Column 4, as a negative number, any amounts reported in Column 4, Lines 1, 2 and 3.99 that are allocated. (Note: amounts received to fund contracts established under Section 403(b) of the U.S. Internal Revenue Code, should not be included in line 4.2)	0	0	0	0
	4.3 Enter in Column 4, as a positive number, and Column 2, as a negative number, any amounts reported in Column 2, Lines 1, 2 and 3.99 that are unallocated	0	0	0	0
	4.99 Total (Lines 4.1 + 4.2 + 4.3)	0	0	0	0
5.	Total (Lines 1 + 2 + 3.99 + 4.99)	2,504,755	0	927,001,839	0
	DEVELOPMENT OF AMOUNTS INCLUDED IN LINES 1 THROUGH 5 THAT SHOULD BE DEDUCTED IN DETERMINING THE BASE Do not include any amount more than once in Lines 6 through 9				
6.	Aggregate write-ins for amounts where the insurer is not subject to risk. Premiums for portions of policies or contracts NOT guaranteed or under which the entire investment risk is borne by the policyholder. (Please specify such deductions and indicate where such amounts were reported in the Annual Statement)	0	0	0	0
7.	Amounts NOT allocated to individuals or individual certificate holders or amounts received for such contracts in excess of limits:				
	7.1 Unallocated funding obligations that do NOT fund government lotteries or employee, union, or association of natural persons benefit plans	XXX	XXX	XXX	0
	7.2 Unallocated funding obligations that fund any employee, union, or association of natural persons benefit plans protected by the Federal Pension Benefit Guaranty Corporation	XXX	XXX	XXX	0
	7.3 Unallocated funding obligations that fund governmental lotteries or employee, union, or association of natural persons benefit plans in excess of $5 million per contract which are NOT: (a) government retirement plans established under Sections 401, 403(b) or 457 of the U.S. Internal Revenue Code, or (b) protected by the Federal Pension Benefit Guaranty Corporation	XXX	XXX	XXX	0
	7.4 Total (Lines 7.1 + 7.2 + 7.3)	XXX	XXX	XXX	0
8.	Dividends/Experience rating credits paid or credited, but only if NOT guaranteed in advance (include only amounts NOT already deducted in determining Lines 1 and 2)	0	0	0	0
9.	Aggregate write-ins for Other Deductions	0	0	220,329,919	0
10.	Total (Lines 6 + 7.4 + 8 + 9)	0	0	220,329,919	0
	MODEL ACT BASE (Line 5 minus Line 10)				
11.	Current Year	2,504,755	0	706,671,920	0
	DETAILS OF WRITE-INS				
3.501.					
3.502.					
3.503.					
3.598.	Summary of remaining write-ins for Line 3.5 from overflow page	0	0	0	0
3.599.	Totals (Lines 3.501 thru 3.503 plus 3.598)(Line 3.5 above)	0	0	0	0
0601.					
0602.					
0603.					
0698.	Summary of remaining write-ins for Line 6 from overflow page	0	0	0	0
0699.	Totals (Lines 0601 thru 0603 plus 0698)(Line 6 above)	0	0	0	0
0901.	Medicare Part C & D	0	0	212,719,387	0
0902.	Stop Loss	0	0	7,610,532	0
0903.	Medicaid	0	0	0	0
0998.	Summary of remaining write-ins for Line 9 from overflow page	0	0	0	0
0999.	Totals (Lines 0901 thru 0903 plus 0998)(Line 9 above)	0	0	220,329,919	0



ADJUSTMENTS TO THE LIFE, HEALTH & ANNUITY GUARANTY ASSOCIATION MODEL ACT ASSESSMENT BASE RECONCILIATION EXHIBIT

FOR THE YEAR ENDED DECEMBER 31, 2018
(To Be Filed by April 1)

OF THE UnitedHealthcare Insurance Company NAIC COMPANY CODE 79413

DIRECT BUSINESS IN THE STATE OF: Connecticut

		1 Life Insurance Premiums	2 Allocated Annuity and Other Allocated Fund Deposits	3 Accident & Health Premium	4 Unallocated Annuity & Other Unallocated Fund Deposits
1.	MODEL ACT BASE (Line 11 of the Reconciliation Exhibit)	2,504,755	0	706,671,920	0
	AMOUNTS REQUIRED TO DETERMINE THIS STATE'S ASSESSMENT BASE				
2.	Enter in Column 2, as a positive number, and Column 4, as a negative number, the total of all amounts received to fund allocated contracts established under Section 403(b) of the U.S. Internal Revenue Code that are included in Column 4, Line 1 above	XXX	0	XXX	0
3.	Unallocated funding obligations that do NOT fund government lotteries or employee, union, or association of natural persons benefit plans:				
	3.1 Amounts NOT in excess of $1 million per contract	XXX	XXX	XXX	0
	3.2 All amounts	XXX	XXX	XXX	0
4.	Unallocated funding obligations issued to fund government lotteries or employee, union, or association of natural persons benefit plans which are NOT:				
	(a) governmental retirement plans established under Sections 401, 403(b) or 457 of the U.S. Internal Revenue Code, or				
	(b) protected by the Federal Pension Benefit Guaranty Corporation:				
	4.1 Amounts NOT in excess of $1 million per contract	XXX	XXX	XXX	0
	4.2 Amounts in excess of $1 million but NOT in excess of $5 million per contract	XXX	XXX	XXX	0
	4.3 Amounts in excess of $5 million per contract	XXX	XXX	XXX	0
	4.4 Total (Lines 4.1 + 4.2 + 4.3)	XXX	XXX	XXX	0
	4.5 Amounts up to $7.5 million, per contract (Minnesota only)	XXX	XXX	XXX	0
5.	Unallocated funding obligations issued to fund governmental retirement plans established under Sections 401 and 457 of the U.S. Internal Revenue Code:				
	5.1 Amounts in excess of $1 million per contract	XXX	XXX	XXX	0
	5.2 All amounts	XXX	XXX	XXX	0
	5.3 Amounts in excess of $2 million per contract (New Jersey Only)	XXX	XXX	XXX	0
	5.4 Amounts not in excess of $7.5 million per contract (Minnesota Only)	XXX	XXX	XXX	0
6.	Unallocated funding obligations issued to fund governmental retirement plans established under Sections 403(b) of the U.S. Internal Revenue Code:				
	6.1 Amounts NOT in excess of $1 million per contract	XXX	XXX	XXX	0
	6.2 Amounts in excess of $1 million per contract	XXX	XXX	XXX	0
	6.3 Total (Lines 6.1 + 6.2)	XXX	XXX	XXX	0
	6.4 Amounts in excess of $2 million per contract (New Jersey Only)	XXX	XXX	XXX	0
	6.5 Amounts not in excess of $7.5 million per contract (Minnesota Only)	XXX	XXX	XXX	0
7.	Unallocated funding obligations that fund employee, union, or association of natural persons benefit plans protected by the Federal Pension Benefit Guaranty Corporation:				
	7.1 Amounts NOT in excess of $1 million per contract	XXX	XXX	XXX	0
	7.2 All amounts	XXX	XXX	XXX	0
	7.3 Amounts NOT in excess of $2 million per contract (New Jersey only)	XXX	XXX	XXX	0
8.	Unallocated funding obligations issued to fund government lotteries NOT in excess of $5 million per contractholder (New Jersey Only)	XXX	XXX	XXX	0
9.	Unallocated funding obligations that fund employee or association of natural persons benefit plans in excess of $2 million but NOT in excess of $5 million per contract (New Jersey Only)	XXX	XXX	XXX	0
10.	Aggregate write-ins for other deductions	0	0	0	0
	BASE				
11.	Current Year (2018)	2,504,755	0	706,671,920	0
	DETAILS OF WRITE-INS				
1001.					
1002.					
1003.					
1098.	Summary of remaining write-ins for Line 10 from overflow page	0	0	0	0
1099.	Totals (Lines 1001 thru 1003 plus 1098)(Line 10 above)	0	0	0	0



LIFE, HEALTH & ANNUITY GUARANTY ASSOCIATION MODEL ACT ASSESSMENT BASE RECONCILIATION EXHIBIT

FOR THE YEAR ENDED DECEMBER 31, 2018
(To Be Filed by April 1)

OF THE UnitedHealthcare Insurance Company NAIC COMPANY CODE 79413

DIRECT BUSINESS IN THE STATE OF: Delaware

	PREMIUMS, CONSIDERATIONS AND DEPOSITS	1 Life Insurance Premiums	2 Annuity Considerations	3 A & H Premiums	4 Deposit-Type Contract Funds and Other Considerations
1.	Premiums, considerations and deposits from Schedule T or Exhibit of Premiums and Losses	124,060	0	173,938,173	0
2.	Premiums, considerations and deposits NOT reported in Schedule T or Exhibit of Premiums and Losses, including investment contract receipts credited to a liability account	0	0	0	0
	2.1 Contract fees for variable contracts with guarantees	0	0	0	0
	2.2 Any other premiums, considerations and deposits not reported in Schedule T or Exhibit of Premiums and Losses	0	0	0	0
3.	Amounts, if applicable, that were deducted prior to determining amounts included in Lines 1 or 2 which are in the following categories:				
	3.1 Transfers to guaranteed Separate Accounts	0	0	0	0
	3.2 Roll over of GICs or annuities into other companies	0	0	0	0
	3.3 Surrenders or other benefits paid out	0	0	0	0
	3.4 Excess interest credited to accounts	0	0	0	0
	3.5 Aggregate write-ins for other amounts deducted prior to determining amounts included in Lines 1 or 2	0	0	0	0
	3.99 Total (Lines 3.1 through 3.5)	0	0	0	0
4.	Transfers:				
	4.1 Enter in Column 2, as a negative number, and Column 4, as a positive number, the total of all amounts received to fund contracts established under Section 403(b) of the U.S. Internal Revenue Code, that are included in Column 2, Lines 1, 2 and 3.99	0	0	0	0
	4.2 Enter in Column 2, as a positive number, and Column 4, as a negative number, any amounts reported in Column 4, Lines 1, 2 and 3.99 that are allocated. (Note: amounts received to fund contracts established under Section 403(b) of the U.S. Internal Revenue Code, should not be included in line 4.2)	0	0	0	0
	4.3 Enter in Column 4, as a positive number, and Column 2, as a negative number, any amounts reported in Column 2, Lines 1, 2 and 3.99 that are unallocated	0	0	0	0
	4.99 Total (Lines 4.1 + 4.2 + 4.3)	0	0	0	0
5.	Total (Lines 1 + 2 + 3.99 + 4.99)	124,060	0	173,938,173	0
	DEVELOPMENT OF AMOUNTS INCLUDED IN LINES 1 THROUGH 5 THAT SHOULD BE DEDUCTED IN DETERMINING THE BASE Do not include any amount more than once in Lines 6 through 9				
6.	Aggregate write-ins for amounts where the insurer is not subject to risk. Premiums for portions of policies or contracts NOT guaranteed or under which the entire investment risk is borne by the policyholder. (Please specify such deductions and indicate where such amounts were reported in the Annual Statement)	0	0	0	0
7.	Amounts NOT allocated to individuals or individual certificate holders or amounts received for such contracts in excess of limits:				
	7.1 Unallocated funding obligations that do NOT fund government lotteries or employee, union, or association of natural persons benefit plans	XXX	XXX	XXX	0
	7.2 Unallocated funding obligations that fund any employee, union, or association of natural persons benefit plans protected by the Federal Pension Benefit Guaranty Corporation	XXX	XXX	XXX	0
	7.3 Unallocated funding obligations that fund governmental lotteries or employee, union, or association of natural persons benefit plans in excess of $5 million per contract which are NOT: (a) government retirement plans established under Sections 401, 403(b) or 457 of the U.S. Internal Revenue Code, or (b) protected by the Federal Pension Benefit Guaranty Corporation	XXX	XXX	XXX	0
	7.4 Total (Lines 7.1 + 7.2 + 7.3)	XXX	XXX	XXX	0
8.	Dividends/Experience rating credits paid or credited, but only if NOT guaranteed in advance (include only amounts NOT already deducted in determining Lines 1 and 2)	0	0	0	0
9.	Aggregate write-ins for Other Deductions	0	0	45,345,437	0
10.	Total (Lines 6 + 7.4 + 8 + 9)	0	0	45,345,437	0
	MODEL ACT BASE (Line 5 minus Line 10)				
11.	Current Year	124,060	0	128,592,736	0
	DETAILS OF WRITE-INS				
3.501.					
3.502.					
3.503.					
3.598.	Summary of remaining write-ins for Line 3.5 from overflow page	0	0	0	0
3.599.	Totals (Lines 3.501 thru 3.503 plus 3.598)(Line 3.5 above)	0	0	0	0
0601.					
0602.					
0603.					
0698.	Summary of remaining write-ins for Line 6 from overflow page	0	0	0	0
0699.	Totals (Lines 0601 thru 0603 plus 0698)(Line 6 above)	0	0	0	0
0901.	Medicare Part C & D	0	0	44,942,860	0
0902.	Stop Loss	0	0	402,577	0
0903.	Medicaid	0	0	0	0
0998.	Summary of remaining write-ins for Line 9 from overflow page	0	0	0	0
0999.	Totals (Lines 0901 thru 0903 plus 0998)(Line 9 above)	0	0	45,345,437	0

7 9 4 1 3 2 0 1 8 3 0 0 0 8 1 0 0

ADJUSTMENTS TO THE LIFE, HEALTH & ANNUITY GUARANTY ASSOCIATION MODEL ACT ASSESSMENT BASE RECONCILIATION EXHIBIT

FOR THE YEAR ENDED DECEMBER 31, 2018
(To Be Filed by April 1)

OF THE UnitedHealthcare Insurance Company NAIC COMPANY CODE 79413

DIRECT BUSINESS IN THE STATE OF: Delaware

		1 Life Insurance Premiums	2 Allocated Annuity and Other Allocated Fund Deposits	3 Accident & Health Premium	4 Unallocated Annuity & Other Unallocated Fund Deposits
1.	MODEL ACT BASE (Line 11 of the Reconciliation Exhibit)	124,060	0	128,592,736	0
	AMOUNTS REQUIRED TO DETERMINE THIS STATE'S ASSESSMENT BASE				
2.	Enter in Column 2, as a positive number, and Column 4, as a negative number, the total of all amounts received to fund allocated contracts established under Section 403(b) of the U.S. Internal Revenue Code that are included in Column 4, Line 1 above	XXX	0	XXX	0
3.	Unallocated funding obligations that do NOT fund government lotteries or employee, union, or association of natural persons benefit plans:				
	3.1 Amounts NOT in excess of $1 million per contract	XXX	XXX	XXX	0
	3.2 All amounts	XXX	XXX	XXX	0
4.	Unallocated funding obligations issued to fund government lotteries or employee, union, or association of natural persons benefit plans which are NOT:				
	(a) governmental retirement plans established under Sections 401, 403(b) or 457 of the U.S. Internal Revenue Code, or				
	(b) protected by the Federal Pension Benefit Guaranty Corporation:				
	4.1 Amounts NOT in excess of $1 million per contract	XXX	XXX	XXX	0
	4.2 Amounts in excess of $1 million but NOT in excess of $5 million per contract	XXX	XXX	XXX	0
	4.3 Amounts in excess of $5 million per contract	XXX	XXX	XXX	0
	4.4 Total (Lines 4.1 + 4.2 + 4.3)	XXX	XXX	XXX	0
	4.5 Amounts up to $7.5 million, per contract (Minnesota only)	XXX	XXX	XXX	0
5.	Unallocated funding obligations issued to fund governmental retirement plans established under Sections 401 and 457 of the U.S. Internal Revenue Code:				
	5.1 Amounts in excess of $1 million per contract	XXX	XXX	XXX	0
	5.2 All amounts	XXX	XXX	XXX	0
	5.3 Amounts in excess of $2 million per contract (New Jersey Only)	XXX	XXX	XXX	0
	5.4 Amounts not in excess of $7.5 million per contract (Minnesota Only)	XXX	XXX	XXX	0
6.	Unallocated funding obligations issued to fund governmental retirement plans established under Sections 403(b) of the U.S. Internal Revenue Code:				
	6.1 Amounts NOT in excess of $1 million per contract	XXX	XXX	XXX	0
	6.2 Amounts in excess of $1 million per contract	XXX	XXX	XXX	0
	6.3 Total (Lines 6.1 + 6.2)	XXX	XXX	XXX	0
	6.4 Amounts in excess of $2 million per contract (New Jersey Only)	XXX	XXX	XXX	0
	6.5 Amounts not in excess of $7.5 million per contract (Minnesota Only)	XXX	XXX	XXX	0
7.	Unallocated funding obligations that fund employee, union, or association of natural persons benefit plans protected by the Federal Pension Benefit Guaranty Corporation:				
	7.1 Amounts NOT in excess of $1 million per contract	XXX	XXX	XXX	0
	7.2 All amounts	XXX	XXX	XXX	0
	7.3 Amounts NOT in excess of $2 million per contract (New Jersey only)	XXX	XXX	XXX	0
8.	Unallocated funding obligations issued to fund government lotteries NOT in excess of $5 million per contractholder (New Jersey Only)	XXX	XXX	XXX	0
9.	Unallocated funding obligations that fund employee or association of natural persons benefit plans in excess of $2 million but NOT in excess of $5 million per contract (New Jersey Only)	XXX	XXX	XXX	0
10.	Aggregate write-ins for other deductions	0	0	0	0
	BASE				
11.	Current Year (2018)	124,060	0	128,592,736	0
	DETAILS OF WRITE-INS				
1001.					
1002.					
1003.					
1098.	Summary of remaining write-ins for Line 10 from overflow page	0	0	0	0
1099.	Totals (Lines 1001 thru 1003 plus 1098)(Line 10 above)	0	0	0	0



LIFE, HEALTH & ANNUITY GUARANTY ASSOCIATION MODEL ACT ASSESSMENT BASE RECONCILIATION EXHIBIT

FOR THE YEAR ENDED DECEMBER 31, 2018
(To Be Filed by April 1)

OF THE UnitedHealthcare Insurance Company NAIC COMPANY CODE 79413

DIRECT BUSINESS IN THE STATE OF: District of Columbia

	PREMIUMS, CONSIDERATIONS AND DEPOSITS	1 Life Insurance Premiums	2 Annuity Considerations	3 A & H Premiums	4 Deposit-Type Contract Funds and Other Considerations
1.	Premiums, considerations and deposits from Schedule T or Exhibit of Premiums and Losses	230,592	0	386,877,304	0
2.	Premiums, considerations and deposits NOT reported in Schedule T or Exhibit of Premiums and Losses, including investment contract receipts credited to a liability account	0	0	0	0
	2.1 Contract fees for variable contracts with guarantees	0	0	0	0
	2.2 Any other premiums, considerations and deposits not reported in Schedule T or Exhibit of Premiums and Losses	0	0	0	0
3.	Amounts, if applicable, that were deducted prior to determining amounts included in Lines 1 or 2 which are in the following categories:				
	3.1 Transfers to guaranteed Separate Accounts	0	0	0	0
	3.2 Roll over of GICs or annuities into other companies	0	0	0	0
	3.3 Surrenders or other benefits paid out	0	0	0	0
	3.4 Excess interest credited to accounts	0	0	0	0
	3.5 Aggregate write-ins for other amounts deducted prior to determining amounts included in Lines 1 or 2	0	0	0	0
	3.99 Total (Lines 3.1 through 3.5)	0	0	0	0
4.	Transfers:				
	4.1 Enter in Column 2, as a negative number, and Column 4, as a positive number, the total of all amounts received to fund contracts established under Section 403(b) of the U.S. Internal Revenue Code, that are included in Column 2, Lines 1, 2 and 3.99	0	0	0	0
	4.2 Enter in Column 2, as a positive number, and Column 4, as a negative number, any amounts reported in Column 4, Lines 1, 2 and 3.99 that are allocated. (Note: amounts received to fund contracts established under Section 403(b) of the U.S. Internal Revenue Code, should not be included in line 4.2)	0	0	0	0
	4.3 Enter in Column 4, as a positive number, and Column 2, as a negative number, any amounts reported in Column 2, Lines 1, 2 and 3.99 that are unallocated	0	0	0	0
	4.99 Total (Lines 4.1 + 4.2 + 4.3)	0	0	0	0
5.	Total (Lines 1 + 2 + 3.99 + 4.99)	230,592	0	386,877,304	0
	DEVELOPMENT OF AMOUNTS INCLUDED IN LINES 1 THROUGH 5 THAT SHOULD BE DEDUCTED IN DETERMINING THE BASE Do not include any amount more than once in Lines 6 through 9				
6.	Aggregate write-ins for amounts where the insurer is not subject to risk. Premiums for portions of policies or contracts NOT guaranteed or under which the entire investment risk is borne by the policyholder. (Please specify such deductions and indicate where such amounts were reported in the Annual Statement)	0	0	0	0
7.	Amounts NOT allocated to individuals or individual certificate holders or amounts received for such contracts in excess of limits:				
	7.1 Unallocated funding obligations that do NOT fund government lotteries or employee, union, or association of natural persons benefit plans	XXX	XXX	XXX	0
	7.2 Unallocated funding obligations that fund any employee, union, or association of natural persons benefit plans protected by the Federal Pension Benefit Guaranty Corporation	XXX	XXX	XXX	0
	7.3 Unallocated funding obligations that fund governmental lotteries or employee, union, or association of natural persons benefit plans in excess of $5 million per contract which are NOT: (a) government retirement plans established under Sections 401, 403(b) or 457 of the U.S. Internal Revenue Code, or (b) protected by the Federal Pension Benefit Guaranty Corporation	XXX	XXX	XXX	0
	7.4 Total (Lines 7.1 + 7.2 + 7.3)	XXX	XXX	XXX	0
8.	Dividends/Experience rating credits paid or credited, but only if NOT guaranteed in advance (include only amounts NOT already deducted in determining Lines 1 and 2)	0	0	0	0
9.	Aggregate write-ins for Other Deductions	0	0	179,747,036	0
10.	Total (Lines 6 + 7.4 + 8 + 9)	0	0	179,747,036	0
	MODEL ACT BASE (Line 5 minus Line 10)				
11.	Current Year	230,592	0	207,130,268	0
	DETAILS OF WRITE-INS				
3.501.					
3.502.					
3.503.					
3.598.	Summary of remaining write-ins for Line 3.5 from overflow page	0	0	0	0
3.599.	Totals (Lines 3.501 thru 3.503 plus 3.598)(Line 3.5 above)	0	0	0	0
0601.					
0602.					
0603.					
0698.	Summary of remaining write-ins for Line 6 from overflow page	0	0	0	0
0699.	Totals (Lines 0601 thru 0603 plus 0698)(Line 6 above)	0	0	0	0
0901.	Medicare Part C & D	0	0	175,111,520	0
0902.	Stop Loss	0	0	4,635,516	0
0903.	Medicaid	0	0	0	0
0998.	Summary of remaining write-ins for Line 9 from overflow page	0	0	0	0
0999.	Totals (Lines 0901 thru 0903 plus 0998)(Line 9 above)	0	0	179,747,036	0



ADJUSTMENTS TO THE LIFE, HEALTH & ANNUITY GUARANTY ASSOCIATION MODEL ACT ASSESSMENT BASE RECONCILIATION EXHIBIT

FOR THE YEAR ENDED DECEMBER 31, 2018
(To Be Filed by April 1)

OF THE UnitedHealthcare Insurance Company NAIC COMPANY CODE 79413

DIRECT BUSINESS IN THE STATE OF: District of Columbia

		1 Life Insurance Premiums	2 Allocated Annuity and Other Allocated Fund Deposits	3 Accident & Health Premium	4 Unallocated Annuity & Other Unallocated Fund Deposits
1.	MODEL ACT BASE (Line 11 of the Reconciliation Exhibit)	230,592	0	207,130,268	0
	AMOUNTS REQUIRED TO DETERMINE THIS STATE'S ASSESSMENT BASE				
2.	Enter in Column 2, as a positive number, and Column 4, as a negative number, the total of all amounts received to fund allocated contracts established under Section 403(b) of the U.S. Internal Revenue Code that are included in Column 4, Line 1 above	XXX	0	XXX	0
3.	Unallocated funding obligations that do NOT fund government lotteries or employee, union, or association of natural persons benefit plans:				
	3.1 Amounts NOT in excess of $1 million per contract	XXX	XXX	XXX	0
	3.2 All amounts	XXX	XXX	XXX	0
4.	Unallocated funding obligations issued to fund government lotteries or employee, union, or association of natural persons benefit plans which are NOT:				
	(a) governmental retirement plans established under Sections 401, 403(b) or 457 of the U.S. Internal Revenue Code, or				
	(b) protected by the Federal Pension Benefit Guaranty Corporation:				
	4.1 Amounts NOT in excess of $1 million per contract	XXX	XXX	XXX	0
	4.2 Amounts in excess of $1 million but NOT in excess of $5 million per contract	XXX	XXX	XXX	0
	4.3 Amounts in excess of $5 million per contract	XXX	XXX	XXX	0
	4.4 Total (Lines 4.1 + 4.2 + 4.3)	XXX	XXX	XXX	0
	4.5 Amounts up to $7.5 million, per contract (Minnesota only)	XXX	XXX	XXX	0
5.	Unallocated funding obligations issued to fund governmental retirement plans established under Sections 401 and 457 of the U.S. Internal Revenue Code:				
	5.1 Amounts in excess of $1 million per contract	XXX	XXX	XXX	0
	5.2 All amounts	XXX	XXX	XXX	0
	5.3 Amounts in excess of $2 million per contract (New Jersey Only)	XXX	XXX	XXX	0
	5.4 Amounts not in excess of $7.5 million per contract (Minnesota Only)	XXX	XXX	XXX	0
6.	Unallocated funding obligations issued to fund governmental retirement plans established under Sections 403(b) of the U.S. Internal Revenue Code:				
	6.1 Amounts NOT in excess of $1 million per contract	XXX	XXX	XXX	0
	6.2 Amounts in excess of $1 million per contract	XXX	XXX	XXX	0
	6.3 Total (Lines 6.1 + 6.2)	XXX	XXX	XXX	0
	6.4 Amounts in excess of $2 million per contract (New Jersey Only)	XXX	XXX	XXX	0
	6.5 Amounts not in excess of $7.5 million per contract (Minnesota Only)	XXX	XXX	XXX	0
7.	Unallocated funding obligations that fund employee, union, or association of natural persons benefit plans protected by the Federal Pension Benefit Guaranty Corporation:				
	7.1 Amounts NOT in excess of $1 million per contract	XXX	XXX	XXX	0
	7.2 All amounts	XXX	XXX	XXX	0
	7.3 Amounts NOT in excess of $2 million per contract (New Jersey only)	XXX	XXX	XXX	0
8.	Unallocated funding obligations issued to fund government lotteries NOT in excess of $5 million per contractholder (New Jersey Only)	XXX	XXX	XXX	0
9.	Unallocated funding obligations that fund employee or association of natural persons benefit plans in excess of $2 million but NOT in excess of $5 million per contract (New Jersey Only)	XXX	XXX	XXX	0
10.	Aggregate write-ins for other deductions	0	0	0	0
	BASE				
11.	Current Year (2018)	230,592	0	207,130,268	0
	DETAILS OF WRITE-INS				
1001.					
1002.					
1003.					
1098.	Summary of remaining write-ins for Line 10 from overflow page	0	0	0	0
1099.	Totals (Lines 1001 thru 1003 plus 1098)(Line 10 above)	0	0	0	0



LIFE, HEALTH & ANNUITY GUARANTY ASSOCIATION MODEL ACT ASSESSMENT BASE RECONCILIATION EXHIBIT

FOR THE YEAR ENDED DECEMBER 31, 2018
(To Be Filed by April 1)

OF THE UnitedHealthcare Insurance Company NAIC COMPANY CODE 79413

DIRECT BUSINESS IN THE STATE OF: Florida

	PREMIUMS, CONSIDERATIONS AND DEPOSITS	1 Life Insurance Premiums	2 Annuity Considerations	3 A & H Premiums	4 Deposit-Type Contract Funds and Other Considerations
1.	Premiums, considerations and deposits from Schedule T or Exhibit of Premiums and Losses	11,497,596	0	6,564,655,287	0
2.	Premiums, considerations and deposits NOT reported in Schedule T or Exhibit of Premiums and Losses, including investment contract receipts credited to a liability account	0	0	0	0
	2.1 Contract fees for variable contracts with guarantees	0	0	0	0
	2.2 Any other premiums, considerations and deposits not reported in Schedule T or Exhibit of Premiums and Losses	0	0	0	0
3.	Amounts, if applicable, that were deducted prior to determining amounts included in Lines 1 or 2 which are in the following categories:				
	3.1 Transfers to guaranteed Separate Accounts	0	0	0	0
	3.2 Roll over of GICs or annuities into other companies	0	0	0	0
	3.3 Surrenders or other benefits paid out	0	0	0	0
	3.4 Excess interest credited to accounts	0	0	0	0
	3.5 Aggregate write-ins for other amounts deducted prior to determining amounts included in Lines 1 or 2	0	0	0	0
	3.99 Total (Lines 3.1 through 3.5)	0	0	0	0
4.	Transfers:				
	4.1 Enter in Column 2, as a negative number, and Column 4, as a positive number, the total of all amounts received to fund contracts established under Section 403(b) of the U.S. Internal Revenue Code, that are included in Column 2, Lines 1, 2 and 3.99	0	0	0	0
	4.2 Enter in Column 2, as a positive number, and Column 4, as a negative number, any amounts reported in Column 4, Lines 1, 2 and 3.99 that are allocated. (Note: amounts received to fund contracts established under Section 403(b) of the U.S. Internal Revenue Code, should not be included in line 4.2)	0	0	0	0
	4.3 Enter in Column 4, as a positive number, and Column 2, as a negative number, any amounts reported in Column 2, Lines 1, 2 and 3.99 that are unallocated	0	0	0	0
	4.99 Total (Lines 4.1 + 4.2 + 4.3)	0	0	0	0
5.	Total (Lines 1 + 2 + 3.99 + 4.99)	11,497,596	0	6,564,655,287	0
	DEVELOPMENT OF AMOUNTS INCLUDED IN LINES 1 THROUGH 5 THAT SHOULD BE DEDUCTED IN DETERMINING THE BASE Do not include any amount more than once in Lines 6 through 9				
6.	Aggregate write-ins for amounts where the insurer is not subject to risk. Premiums for portions of policies or contracts NOT guaranteed or under which the entire investment risk is borne by the policyholder. (Please specify such deductions and indicate where such amounts were reported in the Annual Statement)	0	0	0	0
7.	Amounts NOT allocated to individuals or individual certificate holders or amounts received for such contracts in excess of limits:				
	7.1 Unallocated funding obligations that do NOT fund government lotteries or employee, union, or association of natural persons benefit plans	XXX	XXX	XXX	0
	7.2 Unallocated funding obligations that fund any employee, union, or association of natural persons benefit plans protected by the Federal Pension Benefit Guaranty Corporation	XXX	XXX	XXX	0
	7.3 Unallocated funding obligations that fund governmental lotteries or employee, union, or association of natural persons benefit plans in excess of $5 million per contract which are NOT: (a) government retirement plans established under Sections 401, 403(b) or 457 of the U.S. Internal Revenue Code, or (b) protected by the Federal Pension Benefit Guaranty Corporation	XXX	XXX	XXX	0
	7.4 Total (Lines 7.1 + 7.2 + 7.3)	XXX	XXX	XXX	0
8.	Dividends/Experience rating credits paid or credited, but only if NOT guaranteed in advance (include only amounts NOT already deducted in determining Lines 1 and 2)	0	0	0	0
9.	Aggregate write-ins for Other Deductions	0	0	3,302,320,476	0
10.	Total (Lines 6 + 7.4 + 8 + 9)	0	0	3,302,320,476	0
	MODEL ACT BASE (Line 5 minus Line 10)				
11.	Current Year	11,497,596	0	3,262,334,811	0
	DETAILS OF WRITE-INS				
3.501.					
3.502.					
3.503.					
3.598.	Summary of remaining write-ins for Line 3.5 from overflow page	0	0	0	0
3.599.	Totals (Lines 3.501 thru 3.503 plus 3.598)(Line 3.5 above)	0	0	0	0
0601.					
0602.					
0603.					
0698.	Summary of remaining write-ins for Line 6 from overflow page	0	0	0	0
0699.	Totals (Lines 0601 thru 0603 plus 0698)(Line 6 above)	0	0	0	0
0901.	Medicare Part C & D	0	0	3,260,078,190	0
0902.	Stop Loss	0	0	42,242,286	0
0903.	Medicaid	0	0	0	0
0998.	Summary of remaining write-ins for Line 9 from overflow page	0	0	0	0
0999.	Totals (Lines 0901 thru 0903 plus 0998)(Line 9 above)	0	0	3,302,320,476	0



ADJUSTMENTS TO THE LIFE, HEALTH & ANNUITY GUARANTY ASSOCIATION MODEL ACT ASSESSMENT BASE RECONCILIATION EXHIBIT

FOR THE YEAR ENDED DECEMBER 31, 2018
(To Be Filed by April 1)

OF THE UnitedHealthcare Insurance Company NAIC COMPANY CODE 79413

DIRECT BUSINESS IN THE STATE OF: Florida

		1 Life Insurance Premiums	2 Allocated Annuity and Other Allocated Fund Deposits	3 Accident & Health Premium	4 Unallocated Annuity & Other Unallocated Fund Deposits
1.	MODEL ACT BASE (Line 11 of the Reconciliation Exhibit)	11,497,596	0	3,262,334,811	0
	AMOUNTS REQUIRED TO DETERMINE THIS STATE'S ASSESSMENT BASE				
2.	Enter in Column 2, as a positive number, and Column 4, as a negative number, the total of all amounts received to fund allocated contracts established under Section 403(b) of the U.S. Internal Revenue Code that are included in Column 4, Line 1 above	XXX	0	XXX	0
3.	Unallocated funding obligations that do NOT fund government lotteries or employee, union, or association of natural persons benefit plans:				
	3.1 Amounts NOT in excess of $1 million per contract	XXX	XXX	XXX	0
	3.2 All amounts	XXX	XXX	XXX	0
4.	Unallocated funding obligations issued to fund government lotteries or employee, union, or association of natural persons benefit plans which are NOT:				
	(a) governmental retirement plans established under Sections 401, 403(b) or 457 of the U.S. Internal Revenue Code, or				
	(b) protected by the Federal Pension Benefit Guaranty Corporation:				
	4.1 Amounts NOT in excess of $1 million per contract	XXX	XXX	XXX	0
	4.2 Amounts in excess of $1 million but NOT in excess of $5 million per contract	XXX	XXX	XXX	0
	4.3 Amounts in excess of $5 million per contract	XXX	XXX	XXX	0
	4.4 Total (Lines 4.1 + 4.2 + 4.3)	XXX	XXX	XXX	0
	4.5 Amounts up to $7.5 million, per contract (Minnesota only)	XXX	XXX	XXX	0
5.	Unallocated funding obligations issued to fund governmental retirement plans established under Sections 401 and 457 of the U.S. Internal Revenue Code:				
	5.1 Amounts in excess of $1 million per contract	XXX	XXX	XXX	0
	5.2 All amounts	XXX	XXX	XXX	0
	5.3 Amounts in excess of $2 million per contract (New Jersey Only)	XXX	XXX	XXX	0
	5.4 Amounts not in excess of $7.5 million per contract (Minnesota Only)	XXX	XXX	XXX	0
6.	Unallocated funding obligations issued to fund governmental retirement plans established under Sections 403(b) of the U.S. Internal Revenue Code:				
	6.1 Amounts NOT in excess of $1 million per contract	XXX	XXX	XXX	0
	6.2 Amounts in excess of $1 million per contract	XXX	XXX	XXX	0
	6.3 Total (Lines 6.1 + 6.2)	XXX	XXX	XXX	0
	6.4 Amounts in excess of $2 million per contract (New Jersey Only)	XXX	XXX	XXX	0
	6.5 Amounts not in excess of $7.5 million per contract (Minnesota Only)	XXX	XXX	XXX	0
7.	Unallocated funding obligations that fund employee, union, or association of natural persons benefit plans protected by the Federal Pension Benefit Guaranty Corporation:				
	7.1 Amounts NOT in excess of $1 million per contract	XXX	XXX	XXX	0
	7.2 All amounts	XXX	XXX	XXX	0
	7.3 Amounts NOT in excess of $2 million per contract (New Jersey only)	XXX	XXX	XXX	0
8.	Unallocated funding obligations issued to fund government lotteries NOT in excess of $5 million per contractholder (New Jersey Only)	XXX	XXX	XXX	0
9.	Unallocated funding obligations that fund employee or association of natural persons benefit plans in excess of $2 million but NOT in excess of $5 million per contract (New Jersey Only)	XXX	XXX	XXX	0
10.	Aggregate write-ins for other deductions	0	0	0	0
	BASE				
11.	Current Year (2018)	11,497,596	0	3,262,334,811	0
	DETAILS OF WRITE-INS				
1001.					
1002.					
1003.					
1098.	Summary of remaining write-ins for Line 10 from overflow page	0	0	0	0
1099.	Totals (Lines 1001 thru 1003 plus 1098)(Line 10 above)	0	0	0	0



LIFE, HEALTH & ANNUITY GUARANTY ASSOCIATION MODEL ACT ASSESSMENT BASE RECONCILIATION EXHIBIT

FOR THE YEAR ENDED DECEMBER 31, 2018
(To Be Filed by April 1)

OF THE UnitedHealthcare Insurance Company NAIC COMPANY CODE 79413

DIRECT BUSINESS IN THE STATE OF: Georgia

	PREMIUMS, CONSIDERATIONS AND DEPOSITS	1 Life Insurance Premiums	2 Annuity Considerations	3 A & H Premiums	4 Deposit-Type Contract Funds and Other Considerations
1.	Premiums, considerations and deposits from Schedule T or Exhibit of Premiums and Losses	3,718,189	0	3,362,418,362	0
2.	Premiums, considerations and deposits NOT reported in Schedule T or Exhibit of Premiums and Losses, including investment contract receipts credited to a liability account	0	0	0	0
	2.1 Contract fees for variable contracts with guarantees	0	0	0	0
	2.2 Any other premiums, considerations and deposits not reported in Schedule T or Exhibit of Premiums and Losses	0	0	0	0
3.	Amounts, if applicable, that were deducted prior to determining amounts included in Lines 1 or 2 which are in the following categories:				
	3.1 Transfers to guaranteed Separate Accounts	0	0	0	0
	3.2 Roll over of GICs or annuities into other companies	0	0	0	0
	3.3 Surrenders or other benefits paid out	0	0	0	0
	3.4 Excess interest credited to accounts	0	0	0	0
	3.5 Aggregate write-ins for other amounts deducted prior to determining amounts included in Lines 1 or 2	0	0	0	0
	3.99 Total (Lines 3.1 through 3.5)	0	0	0	0
4.	Transfers:				
	4.1 Enter in Column 2, as a negative number, and Column 4, as a positive number, the total of all amounts received to fund contracts established under Section 403(b) of the U.S. Internal Revenue Code, that are included in Column 2, Lines 1, 2 and 3.99	0	0	0	0
	4.2 Enter in Column 2, as a positive number, and Column 4, as a negative number, any amounts reported in Column 4, Lines 1, 2 and 3.99 that are allocated. (Note: amounts received to fund contracts established under Section 403(b) of the U.S. Internal Revenue Code, should not be included in line 4.2)	0	0	0	0
	4.3 Enter in Column 4, as a positive number, and Column 2, as a negative number, any amounts reported in Column 2, Lines 1, 2 and 3.99 that are unallocated	0	0	0	0
	4.99 Total (Lines 4.1 + 4.2 + 4.3)	0	0	0	0
5.	Total (Lines 1 + 2 + 3.99 + 4.99)	3,718,189	0	3,362,418,362	0
	DEVELOPMENT OF AMOUNTS INCLUDED IN LINES 1 THROUGH 5 THAT SHOULD BE DEDUCTED IN DETERMINING THE BASE Do not include any amount more than once in Lines 6 through 9				
6.	Aggregate write-ins for amounts where the insurer is not subject to risk. Premiums for portions of policies or contracts NOT guaranteed or under which the entire investment risk is borne by the policyholder. (Please specify such deductions and indicate where such amounts were reported in the Annual Statement)	0	0	0	0
7.	Amounts NOT allocated to individuals or individual certificate holders or amounts received for such contracts in excess of limits:				
	7.1 Unallocated funding obligations that do NOT fund government lotteries or employee, union, or association of natural persons benefit plans	XXX	XXX	XXX	0
	7.2 Unallocated funding obligations that fund any employee, union, or association of natural persons benefit plans protected by the Federal Pension Benefit Guaranty Corporation	XXX	XXX	XXX	0
	7.3 Unallocated funding obligations that fund governmental lotteries or employee, union, or association of natural persons benefit plans in excess of $5 million per contract which are NOT: (a) government retirement plans established under Sections 401, 403(b) or 457 of the U.S. Internal Revenue Code, or (b) protected by the Federal Pension Benefit Guaranty Corporation	XXX	XXX	XXX	0
	7.4 Total (Lines 7.1 + 7.2 + 7.3)	XXX	XXX	XXX	0
8.	Dividends/Experience rating credits paid or credited, but only if NOT guaranteed in advance (include only amounts NOT already deducted in determining Lines 1 and 2)	0	0	0	0
9.	Aggregate write-ins for Other Deductions	0	0	2,245,282,161	0
10.	Total (Lines 6 + 7.4 + 8 + 9)	0	0	2,245,282,161	0
	MODEL ACT BASE (Line 5 minus Line 10)				
11.	Current Year	3,718,189	0	1,117,136,201	0
	DETAILS OF WRITE-INS				
3.501.					
3.502.					
3.503.					
3.598.	Summary of remaining write-ins for Line 3.5 from overflow page	0	0	0	0
3.599.	Totals (Lines 3.501 thru 3.503 plus 3.598)(Line 3.5 above)	0	0	0	0
0601.					
0602.					
0603.					
0698.	Summary of remaining write-ins for Line 6 from overflow page	0	0	0	0
0699.	Totals (Lines 0601 thru 0603 plus 0698)(Line 6 above)	0	0	0	0
0901.	Medicare Part C & D	0	0	2,223,615,429	0
0902.	Stop Loss	0	0	21,666,732	0
0903.	Medicaid	0	0	0	0
0998.	Summary of remaining write-ins for Line 9 from overflow page	0	0	0	0
0999.	Totals (Lines 0901 thru 0903 plus 0998)(Line 9 above)	0	0	2,245,282,161	0



LIFE, HEALTH & ANNUITY GUARANTY ASSOCIATION MODEL ACT ASSESSMENT BASE RECONCILIATION EXHIBIT

FOR THE YEAR ENDED DECEMBER 31, 2018
(To Be Filed by April 1)

OF THE UnitedHealthcare Insurance Company NAIC COMPANY CODE 79413

DIRECT BUSINESS IN THE STATE OF: Hawaii

	PREMIUMS, CONSIDERATIONS AND DEPOSITS	1 Life Insurance Premiums	2 Annuity Considerations	3 A & H Premiums	4 Deposit-Type Contract Funds and Other Considerations
1.	Premiums, considerations and deposits from Schedule T or Exhibit of Premiums and Losses	251,748	0	854,263,186	0
2.	Premiums, considerations and deposits NOT reported in Schedule T or Exhibit of Premiums and Losses, including investment contract receipts credited to a liability account	0	0	0	0
	2.1 Contract fees for variable contracts with guarantees	0	0	0	0
	2.2 Any other premiums, considerations and deposits not reported in Schedule T or Exhibit of Premiums and Losses	0	0	0	0
3.	Amounts, if applicable, that were deducted prior to determining amounts included in Lines 1 or 2 which are in the following categories:				
	3.1 Transfers to guaranteed Separate Accounts	0	0	0	0
	3.2 Roll over of GICs or annuities into other companies	0	0	0	0
	3.3 Surrenders or other benefits paid out	0	0	0	0
	3.4 Excess interest credited to accounts	0	0	0	0
	3.5 Aggregate write-ins for other amounts deducted prior to determining amounts included in Lines 1 or 2	0	0	0	0
	3.99 Total (Lines 3.1 through 3.5)	0	0	0	0
4.	Transfers:				
	4.1 Enter in Column 2, as a negative number, and Column 4, as a positive number, the total of all amounts received to fund contracts established under Section 403(b) of the U.S. Internal Revenue Code, that are included in Column 2, Lines 1, 2 and 3.99	0	0	0	0
	4.2 Enter in Column 2, as a positive number, and Column 4, as a negative number, any amounts reported in Column 4, Lines 1, 2 and 3.99 that are allocated. (Note: amounts received to fund contracts established under Section 403(b) of the U.S. Internal Revenue Code, should not be included in line 4.2)	0	0	0	0
	4.3 Enter in Column 4, as a positive number, and Column 2, as a negative number, any amounts reported in Column 2, Lines 1, 2 and 3.99 that are unallocated	0	0	0	0
	4.99 Total (Lines 4.1 + 4.2 + 4.3)	0	0	0	0
5.	Total (Lines 1 + 2 + 3.99 + 4.99)	251,748	0	854,263,186	0
	DEVELOPMENT OF AMOUNTS INCLUDED IN LINES 1 THROUGH 5 THAT SHOULD BE DEDUCTED IN DETERMINING THE BASE Do not include any amount more than once in Lines 6 through 9				
6.	Aggregate write-ins for amounts where the insurer is not subject to risk. Premiums for portions of policies or contracts NOT guaranteed or under which the entire investment risk is borne by the policyholder. (Please specify such deductions and indicate where such amounts were reported in the Annual Statement)	0	0	0	0
7.	Amounts NOT allocated to individuals or individual certificate holders or amounts received for such contracts in excess of limits:				
	7.1 Unallocated funding obligations that do NOT fund government lotteries or employee, union, or association of natural persons benefit plans	XXX	XXX	XXX	0
	7.2 Unallocated funding obligations that fund any employee, union, or association of natural persons benefit plans protected by the Federal Pension Benefit Guaranty Corporation	XXX	XXX	XXX	0
	7.3 Unallocated funding obligations that fund governmental lotteries or employee, union, or association of natural persons benefit plans in excess of $5 million per contract which are NOT: (a) government retirement plans established under Sections 401, 403(b) or 457 of the U.S. Internal Revenue Code, or (b) protected by the Federal Pension Benefit Guaranty Corporation	XXX	XXX	XXX	0
	7.4 Total (Lines 7.1 + 7.2 + 7.3)	XXX	XXX	XXX	0
8.	Dividends/Experience rating credits paid or credited, but only if NOT guaranteed in advance (include only amounts NOT already deducted in determining Lines 1 and 2)	0	0	0	0
9.	Aggregate write-ins for Other Deductions	0	0	368,829,220	0
10.	Total (Lines 6 + 7.4 + 8 + 9)	0	0	368,829,220	0
	MODEL ACT BASE (Line 5 minus Line 10)				
11.	Current Year	251,748	0	485,433,966	0
	DETAILS OF WRITE-INS				
3.501.					
3.502.					
3.503.					
3.598.	Summary of remaining write-ins for Line 3.5 from overflow page	0	0	0	0
3.599.	Totals (Lines 3.501 thru 3.503 plus 3.598)(Line 3.5 above)	0	0	0	0
0601.					
0602.					
0603.					
0698.	Summary of remaining write-ins for Line 6 from overflow page	0	0	0	0
0699.	Totals (Lines 0601 thru 0603 plus 0698)(Line 6 above)	0	0	0	0
0901.	Medicare Part C & D	0	0	368,788,675	0
0902.	Stop Loss	0	0	40,545	0
0903.	Medicaid	0	0	0	0
0998.	Summary of remaining write-ins for Line 9 from overflow page	0	0	0	0
0999.	Totals (Lines 0901 thru 0903 plus 0998)(Line 9 above)	0	0	368,829,220	0



ADJUSTMENTS TO THE LIFE, HEALTH & ANNUITY GUARANTY ASSOCIATION MODEL ACT ASSESSMENT BASE RECONCILIATION EXHIBIT

FOR THE YEAR ENDED DECEMBER 31, 2018
(To Be Filed by April 1)

OF THE UnitedHealthcare Insurance Company NAIC COMPANY CODE 79413

DIRECT BUSINESS IN THE STATE OF: Hawaii

		1 Life Insurance Premiums	2 Allocated Annuity and Other Allocated Fund Deposits	3 Accident & Health Premium	4 Unallocated Annuity & Other Unallocated Fund Deposits
1.	MODEL ACT BASE (Line 11 of the Reconciliation Exhibit)	251,748	0	485,433,966	0
	AMOUNTS REQUIRED TO DETERMINE THIS STATE'S ASSESSMENT BASE				
2.	Enter in Column 2, as a positive number, and Column 4, as a negative number, the total of all amounts received to fund allocated contracts established under Section 403(b) of the U.S. Internal Revenue Code that are included in Column 4, Line 1 above	XXX	0	XXX	0
3.	Unallocated funding obligations that do NOT fund government lotteries or employee, union, or association of natural persons benefit plans:				
	3.1 Amounts NOT in excess of $1 million per contract	XXX	XXX	XXX	0
	3.2 All amounts	XXX	XXX	XXX	0
4.	Unallocated funding obligations issued to fund government lotteries or employee, union, or association of natural persons benefit plans which are NOT:				
	(a) governmental retirement plans established under Sections 401, 403(b) or 457 of the U.S. Internal Revenue Code, or				
	(b) protected by the Federal Pension Benefit Guaranty Corporation:				
	4.1 Amounts NOT in excess of $1 million per contract	XXX	XXX	XXX	0
	4.2 Amounts in excess of $1 million but NOT in excess of $5 million per contract	XXX	XXX	XXX	0
	4.3 Amounts in excess of $5 million per contract	XXX	XXX	XXX	0
	4.4 Total (Lines 4.1 + 4.2 + 4.3)	XXX	XXX	XXX	0
	4.5 Amounts up to $7.5 million, per contract (Minnesota only)	XXX	XXX	XXX	0
5.	Unallocated funding obligations issued to fund governmental retirement plans established under Sections 401 and 457 of the U.S. Internal Revenue Code:				
	5.1 Amounts in excess of $1 million per contract	XXX	XXX	XXX	0
	5.2 All amounts	XXX	XXX	XXX	0
	5.3 Amounts in excess of $2 million per contract (New Jersey Only)	XXX	XXX	XXX	0
	5.4 Amounts not in excess of $7.5 million per contract (Minnesota Only)	XXX	XXX	XXX	0
6.	Unallocated funding obligations issued to fund governmental retirement plans established under Sections 403(b) of the U.S. Internal Revenue Code:				
	6.1 Amounts NOT in excess of $1 million per contract	XXX	XXX	XXX	0
	6.2 Amounts in excess of $1 million per contract	XXX	XXX	XXX	0
	6.3 Total (Lines 6.1 + 6.2)	XXX	XXX	XXX	0
	6.4 Amounts in excess of $2 million per contract (New Jersey Only)	XXX	XXX	XXX	0
	6.5 Amounts not in excess of $7.5 million per contract (Minnesota Only)	XXX	XXX	XXX	0
7.	Unallocated funding obligations that fund employee, union, or association of natural persons benefit plans protected by the Federal Pension Benefit Guaranty Corporation:				
	7.1 Amounts NOT in excess of $1 million per contract	XXX	XXX	XXX	0
	7.2 All amounts	XXX	XXX	XXX	0
	7.3 Amounts NOT in excess of $2 million per contract (New Jersey only)	XXX	XXX	XXX	0
8.	Unallocated funding obligations issued to fund government lotteries NOT in excess of $5 million per contractholder (New Jersey Only)	XXX	XXX	XXX	0
9.	Unallocated funding obligations that fund employee or association of natural persons benefit plans in excess of $2 million but NOT in excess of $5 million per contract (New Jersey Only)	XXX	XXX	XXX	0
10.	Aggregate write-ins for other deductions	0	0	0	0
	BASE				
11.	Current Year (2018)	251,748	0	485,433,966	0
	DETAILS OF WRITE-INS				
1001.					
1002.					
1003.					
1098.	Summary of remaining write-ins for Line 10 from overflow page	0	0	0	0
1099.	Totals (Lines 1001 thru 1003 plus 1098)(Line 10 above)	0	0	0	0



LIFE, HEALTH & ANNUITY GUARANTY ASSOCIATION MODEL ACT ASSESSMENT BASE RECONCILIATION EXHIBIT

FOR THE YEAR ENDED DECEMBER 31, 2018
(To Be Filed by April 1)

OF THE UnitedHealthcare Insurance Company NAIC COMPANY CODE 79413

DIRECT BUSINESS IN THE STATE OF: Idaho

	PREMIUMS, CONSIDERATIONS AND DEPOSITS	1 Life Insurance Premiums	2 Annuity Considerations	3 A & H Premiums	4 Deposit-Type Contract Funds and Other Considerations
1.	Premiums, considerations and deposits from Schedule T or Exhibit of Premiums and Losses	169,428	0	327,084,250	0
2.	Premiums, considerations and deposits NOT reported in Schedule T or Exhibit of Premiums and Losses, including investment contract receipts credited to a liability account	0	0	0	0
	2.1 Contract fees for variable contracts with guarantees	0	0	0	0
	2.2 Any other premiums, considerations and deposits not reported in Schedule T or Exhibit of Premiums and Losses	0	0	0	0
3.	Amounts, if applicable, that were deducted prior to determining amounts included in Lines 1 or 2 which are in the following categories:				
	3.1 Transfers to guaranteed Separate Accounts	0	0	0	0
	3.2 Roll over of GICs or annuities into other companies	0	0	0	0
	3.3 Surrenders or other benefits paid out	0	0	0	0
	3.4 Excess interest credited to accounts	0	0	0	0
	3.5 Aggregate write-ins for other amounts deducted prior to determining amounts included in Lines 1 or 2	0	0	0	0
	3.99 Total (Lines 3.1 through 3.5)	0	0	0	0
4.	Transfers:				
	4.1 Enter in Column 2, as a negative number, and Column 4, as a positive number, the total of all amounts received to fund contracts established under Section 403(b) of the U.S. Internal Revenue Code, that are included in Column 2, Lines 1, 2 and 3.99	0	0	0	0
	4.2 Enter in Column 2, as a positive number, and Column 4, as a negative number, any amounts reported in Column 4, Lines 1, 2 and 3.99 that are allocated. (Note: amounts received to fund contracts established under Section 403(b) of the U.S. Internal Revenue Code, should not be included in line 4.2)	0	0	0	0
	4.3 Enter in Column 4, as a positive number, and Column 2, as a negative number, any amounts reported in Column 2, Lines 1, 2 and 3.99 that are unallocated	0	0	0	0
	4.99 Total (Lines 4.1 + 4.2 + 4.3)	0	0	0	0
5.	Total (Lines 1 + 2 + 3.99 + 4.99)	169,428	0	327,084,250	0
	DEVELOPMENT OF AMOUNTS INCLUDED IN LINES 1 THROUGH 5 THAT SHOULD BE DEDUCTED IN DETERMINING THE BASE Do not include any amount more than once in Lines 6 through 9				
6.	Aggregate write-ins for amounts where the insurer is not subject to risk. Premiums for portions of policies or contracts NOT guaranteed or under which the entire investment risk is borne by the policyholder. (Please specify such deductions and indicate where such amounts were reported in the Annual Statement)	0	0	0	0
7.	Amounts NOT allocated to individuals or individual certificate holders or amounts received for such contracts in excess of limits:				
	7.1 Unallocated funding obligations that do NOT fund government lotteries or employee, union, or association of natural persons benefit plans	XXX	XXX	XXX	0
	7.2 Unallocated funding obligations that fund any employee, union, or association of natural persons benefit plans protected by the Federal Pension Benefit Guaranty Corporation	XXX	XXX	XXX	0
	7.3 Unallocated funding obligations that fund governmental lotteries or employee, union, or association of natural persons benefit plans in excess of $5 million per contract which are NOT: (a) government retirement plans established under Sections 401, 403(b) or 457 of the U.S. Internal Revenue Code, or (b) protected by the Federal Pension Benefit Guaranty Corporation	XXX	XXX	XXX	0
	7.4 Total (Lines 7.1 + 7.2 + 7.3)	XXX	XXX	XXX	0
8.	Dividends/Experience rating credits paid or credited, but only if NOT guaranteed in advance (include only amounts NOT already deducted in determining Lines 1 and 2)	0	0	0	0
9.	Aggregate write-ins for Other Deductions	0	0	243,608,440	0
10.	Total (Lines 6 + 7.4 + 8 + 9)	0	0	243,608,440	0
	MODEL ACT BASE (Line 5 minus Line 10)				
11.	Current Year	169,428	0	83,475,810	0
	DETAILS OF WRITE-INS				
3.501.					
3.502.					
3.503.					
3.598.	Summary of remaining write-ins for Line 3.5 from overflow page	0	0	0	0
3.599.	Totals (Lines 3.501 thru 3.503 plus 3.598)(Line 3.5 above)	0	0	0	0
0601.					
0602.					
0603.					
0698.	Summary of remaining write-ins for Line 6 from overflow page	0	0	0	0
0699.	Totals (Lines 0601 thru 0603 plus 0698)(Line 6 above)	0	0	0	0
0901.	Medicare Part C & D	0	0	241,875,751	0
0902.	Stop Loss	0	0	1,732,689	0
0903.	Medicaid	0	0	0	0
0998.	Summary of remaining write-ins for Line 9 from overflow page	0	0	0	0
0999.	Totals (Lines 0901 thru 0903 plus 0998)(Line 9 above)	0	0	243,608,440	0

7 9 4 1 3 2 0 1 8 3 0 0 1 3 1 0 0

ADJUSTMENTS TO THE LIFE, HEALTH & ANNUITY GUARANTY ASSOCIATION MODEL ACT ASSESSMENT BASE RECONCILIATION EXHIBIT

FOR THE YEAR ENDED DECEMBER 31, 2018
(To Be Filed by April 1)

OF THE UnitedHealthcare Insurance Company NAIC COMPANY CODE 79413

DIRECT BUSINESS IN THE STATE OF: Idaho

		1 Life Insurance Premiums	2 Allocated Annuity and Other Allocated Fund Deposits	3 Accident & Health Premium	4 Unallocated Annuity & Other Unallocated Fund Deposits
1.	MODEL ACT BASE (Line 11 of the Reconciliation Exhibit)	169,428	0	83,475,810	0
	AMOUNTS REQUIRED TO DETERMINE THIS STATE'S ASSESSMENT BASE				
2.	Enter in Column 2, as a positive number, and Column 4, as a negative number, the total of all amounts received to fund allocated contracts established under Section 403(b) of the U.S. Internal Revenue Code that are included in Column 4, Line 1 above	XXX	0	XXX	0
3.	Unallocated funding obligations that do NOT fund government lotteries or employee, union, or association of natural persons benefit plans:				
	3.1 Amounts NOT in excess of $1 million per contract	XXX	XXX	XXX	0
	3.2 All amounts	XXX	XXX	XXX	0
4.	Unallocated funding obligations issued to fund government lotteries or employee, union, or association of natural persons benefit plans which are NOT:				
	(a) governmental retirement plans established under Sections 401, 403(b) or 457 of the U.S. Internal Revenue Code, or				
	(b) protected by the Federal Pension Benefit Guaranty Corporation:				
	4.1 Amounts NOT in excess of $1 million per contract	XXX	XXX	XXX	0
	4.2 Amounts in excess of $1 million but NOT in excess of $5 million per contract	XXX	XXX	XXX	0
	4.3 Amounts in excess of $5 million per contract	XXX	XXX	XXX	0
	4.4 Total (Lines 4.1 + 4.2 + 4.3)	XXX	XXX	XXX	0
	4.5 Amounts up to $7.5 million, per contract (Minnesota only)	XXX	XXX	XXX	0
5.	Unallocated funding obligations issued to fund governmental retirement plans established under Sections 401 and 457 of the U.S. Internal Revenue Code:				
	5.1 Amounts in excess of $1 million per contract	XXX	XXX	XXX	0
	5.2 All amounts	XXX	XXX	XXX	0
	5.3 Amounts in excess of $2 million per contract (New Jersey Only)	XXX	XXX	XXX	0
	5.4 Amounts not in excess of $7.5 million per contract (Minnesota Only)	XXX	XXX	XXX	0
6.	Unallocated funding obligations issued to fund governmental retirement plans established under Sections 403(b) of the U.S. Internal Revenue Code:				
	6.1 Amounts NOT in excess of $1 million per contract	XXX	XXX	XXX	0
	6.2 Amounts in excess of $1 million per contract	XXX	XXX	XXX	0
	6.3 Total (Lines 6.1 + 6.2)	XXX	XXX	XXX	0
	6.4 Amounts in excess of $2 million per contract (New Jersey Only)	XXX	XXX	XXX	0
	6.5 Amounts not in excess of $7.5 million per contract (Minnesota Only)	XXX	XXX	XXX	0
7.	Unallocated funding obligations that fund employee, union, or association of natural persons benefit plans protected by the Federal Pension Benefit Guaranty Corporation:				
	7.1 Amounts NOT in excess of $1 million per contract	XXX	XXX	XXX	0
	7.2 All amounts	XXX	XXX	XXX	0
	7.3 Amounts NOT in excess of $2 million per contract (New Jersey only)	XXX	XXX	XXX	0
8.	Unallocated funding obligations issued to fund government lotteries NOT in excess of $5 million per contractholder (New Jersey Only)	XXX	XXX	XXX	0
9.	Unallocated funding obligations that fund employee or association of natural persons benefit plans in excess of $2 million but NOT in excess of $5 million per contract (New Jersey Only)	XXX	XXX	XXX	0
10.	Aggregate write-ins for other deductions	0	0	0	0
	BASE				
11.	Current Year (2018)	169,428	0	83,475,810	0
	DETAILS OF WRITE-INS				
1001.					
1002.					
1003.					
1098.	Summary of remaining write-ins for Line 10 from overflow page	0	0	0	0
1099.	Totals (Lines 1001 thru 1003 plus 1098)(Line 10 above)	0	0	0	0



LIFE, HEALTH & ANNUITY GUARANTY ASSOCIATION MODEL ACT ASSESSMENT BASE RECONCILIATION EXHIBIT

FOR THE YEAR ENDED DECEMBER 31, 2018
(To Be Filed by April 1)

OF THE UnitedHealthcare Insurance Company NAIC COMPANY CODE 79413

DIRECT BUSINESS IN THE STATE OF: Illinois

	PREMIUMS, CONSIDERATIONS AND DEPOSITS	1 Life Insurance Premiums	2 Annuity Considerations	3 A & H Premiums	4 Deposit-Type Contract Funds and Other Considerations
1.	Premiums, considerations and deposits from Schedule T or Exhibit of Premiums and Losses	5,743,942	0	1,028,343,519	0
2.	Premiums, considerations and deposits NOT reported in Schedule T or Exhibit of Premiums and Losses, including investment contract receipts credited to a liability account	0	0	0	0
	2.1 Contract fees for variable contracts with guarantees	0	0	0	0
	2.2 Any other premiums, considerations and deposits not reported in Schedule T or Exhibit of Premiums and Losses	0	0	0	0
3.	Amounts, if applicable, that were deducted prior to determining amounts included in Lines 1 or 2 which are in the following categories:				
	3.1 Transfers to guaranteed Separate Accounts	0	0	0	0
	3.2 Roll over of GICs or annuities into other companies	0	0	0	0
	3.3 Surrenders or other benefits paid out	0	0	0	0
	3.4 Excess interest credited to accounts	0	0	0	0
	3.5 Aggregate write-ins for other amounts deducted prior to determining amounts included in Lines 1 or 2	0	0	0	0
	3.99 Total (Lines 3.1 through 3.5)	0	0	0	0
4.	Transfers:				
	4.1 Enter in Column 2, as a negative number, and Column 4, as a positive number, the total of all amounts received to fund contracts established under Section 403(b) of the U.S. Internal Revenue Code, that are included in Column 2, Lines 1, 2 and 3.99	0	0	0	0
	4.2 Enter in Column 2, as a positive number, and Column 4, as a negative number, any amounts reported in Column 4, Lines 1, 2 and 3.99 that are allocated. (Note: amounts received to fund contracts established under Section 403(b) of the U.S. Internal Revenue Code, should not be included in line 4.2)	0	0	0	0
	4.3 Enter in Column 4, as a positive number, and Column 2, as a negative number, any amounts reported in Column 2, Lines 1, 2 and 3.99 that are unallocated	0	0	0	0
	4.99 Total (Lines 4.1 + 4.2 + 4.3)	0	0	0	0
5.	Total (Lines 1 + 2 + 3.99 + 4.99)	5,743,942	0	1,028,343,519	0
	DEVELOPMENT OF AMOUNTS INCLUDED IN LINES 1 THROUGH 5 THAT SHOULD BE DEDUCTED IN DETERMINING THE BASE Do not include any amount more than once in Lines 6 through 9				
6.	Aggregate write-ins for amounts where the insurer is not subject to risk. Premiums for portions of policies or contracts NOT guaranteed or under which the entire investment risk is borne by the policyholder. (Please specify such deductions and indicate where such amounts were reported in the Annual Statement)	0	0	0	0
7.	Amounts NOT allocated to individuals or individual certificate holders or amounts received for such contracts in excess of limits:				
	7.1 Unallocated funding obligations that do NOT fund government lotteries or employee, union, or association of natural persons benefit plans	XXX	XXX	XXX	0
	7.2 Unallocated funding obligations that fund any employee, union, or association of natural persons benefit plans protected by the Federal Pension Benefit Guaranty Corporation	XXX	XXX	XXX	0
	7.3 Unallocated funding obligations that fund governmental lotteries or employee, union, or association of natural persons benefit plans in excess of $5 million per contract which are NOT: (a) government retirement plans established under Sections 401, 403(b) or 457 of the U.S. Internal Revenue Code, or (b) protected by the Federal Pension Benefit Guaranty Corporation	XXX	XXX	XXX	0
	7.4 Total (Lines 7.1 + 7.2 + 7.3)	XXX	XXX	XXX	0
8.	Dividends/Experience rating credits paid or credited, but only if NOT guaranteed in advance (include only amounts NOT already deducted in determining Lines 1 and 2)	0	0	0	0
9.	Aggregate write-ins for Other Deductions	0	0	244,491,939	0
10.	Total (Lines 6 + 7.4 + 8 + 9)	0	0	244,491,939	0
	MODEL ACT BASE (Line 5 minus Line 10)				
11.	Current Year	5,743,942	0	783,851,580	0
	DETAILS OF WRITE-INS				
3.501.					
3.502.					
3.503.					
3.598.	Summary of remaining write-ins for Line 3.5 from overflow page	0	0	0	0
3.599.	Totals (Lines 3.501 thru 3.503 plus 3.598)(Line 3.5 above)	0	0	0	0
0601.					
0602.					
0603.					
0698.	Summary of remaining write-ins for Line 6 from overflow page	0	0	0	0
0699.	Totals (Lines 0601 thru 0603 plus 0698)(Line 6 above)	0	0	0	0
0901.	Medicare Part C & D	0	0	215,558,642	0
0902.	Stop Loss	0	0	28,933,297	0
0903.	Medicaid	0	0	0	0
0998.	Summary of remaining write-ins for Line 9 from overflow page	0	0	0	0
0999.	Totals (Lines 0901 thru 0903 plus 0998)(Line 9 above)	0	0	244,491,939	0



ADJUSTMENTS TO THE LIFE, HEALTH & ANNUITY GUARANTY ASSOCIATION MODEL ACT ASSESSMENT BASE RECONCILIATION EXHIBIT

FOR THE YEAR ENDED DECEMBER 31, 2018
(To Be Filed by April 1)

OF THE UnitedHealthcare Insurance Company NAIC COMPANY CODE 79413

DIRECT BUSINESS IN THE STATE OF: Illinois

		1 Life Insurance Premiums	2 Allocated Annuity and Other Allocated Fund Deposits	3 Accident & Health Premium	4 Unallocated Annuity & Other Unallocated Fund Deposits
1.	MODEL ACT BASE (Line 11 of the Reconciliation Exhibit)	5,743,942	0	783,851,580	0
	AMOUNTS REQUIRED TO DETERMINE THIS STATE'S ASSESSMENT BASE				
2.	Enter in Column 2, as a positive number, and Column 4, as a negative number, the total of all amounts received to fund allocated contracts established under Section 403(b) of the U.S. Internal Revenue Code that are included in Column 4, Line 1 above	XXX	0	XXX	0
3.	Unallocated funding obligations that do NOT fund government lotteries or employee, union, or association of natural persons benefit plans:				
	3.1 Amounts NOT in excess of $1 million per contract	XXX	XXX	XXX	0
	3.2 All amounts	XXX	XXX	XXX	0
4.	Unallocated funding obligations issued to fund government lotteries or employee, union, or association of natural persons benefit plans which are NOT:				
	(a) governmental retirement plans established under Sections 401, 403(b) or 457 of the U.S. Internal Revenue Code, or				
	(b) protected by the Federal Pension Benefit Guaranty Corporation:				
	4.1 Amounts NOT in excess of $1 million per contract	XXX	XXX	XXX	0
	4.2 Amounts in excess of $1 million but NOT in excess of $5 million per contract	XXX	XXX	XXX	0
	4.3 Amounts in excess of $5 million per contract	XXX	XXX	XXX	0
	4.4 Total (Lines 4.1 + 4.2 + 4.3)	XXX	XXX	XXX	0
	4.5 Amounts up to $7.5 million, per contract (Minnesota only)	XXX	XXX	XXX	0
5.	Unallocated funding obligations issued to fund governmental retirement plans established under Sections 401 and 457 of the U.S. Internal Revenue Code:				
	5.1 Amounts in excess of $1 million per contract	XXX	XXX	XXX	0
	5.2 All amounts	XXX	XXX	XXX	0
	5.3 Amounts in excess of $2 million per contract (New Jersey Only)	XXX	XXX	XXX	0
	5.4 Amounts not in excess of $7.5 million per contract (Minnesota Only)	XXX	XXX	XXX	0
6.	Unallocated funding obligations issued to fund governmental retirement plans established under Sections 403(b) of the U.S. Internal Revenue Code:				
	6.1 Amounts NOT in excess of $1 million per contract	XXX	XXX	XXX	0
	6.2 Amounts in excess of $1 million per contract	XXX	XXX	XXX	0
	6.3 Total (Lines 6.1 + 6.2)	XXX	XXX	XXX	0
	6.4 Amounts in excess of $2 million per contract (New Jersey Only)	XXX	XXX	XXX	0
	6.5 Amounts not in excess of $7.5 million per contract (Minnesota Only)	XXX	XXX	XXX	0
7.	Unallocated funding obligations that fund employee, union, or association of natural persons benefit plans protected by the Federal Pension Benefit Guaranty Corporation:				
	7.1 Amounts NOT in excess of $1 million per contract	XXX	XXX	XXX	0
	7.2 All amounts	XXX	XXX	XXX	0
	7.3 Amounts NOT in excess of $2 million per contract (New Jersey only)	XXX	XXX	XXX	0
8.	Unallocated funding obligations issued to fund government lotteries NOT in excess of $5 million per contractholder (New Jersey Only)	XXX	XXX	XXX	0
9.	Unallocated funding obligations that fund employee or association of natural persons benefit plans in excess of $2 million but NOT in excess of $5 million per contract (New Jersey Only)	XXX	XXX	XXX	0
10.	Aggregate write-ins for other deductions	0	0	0	0
	BASE				
11.	Current Year (2018)	5,743,942	0	783,851,580	0
	DETAILS OF WRITE-INS				
1001.					
1002.					
1003.					
1098.	Summary of remaining write-ins for Line 10 from overflow page	0	0	0	0
1099.	Totals (Lines 1001 thru 1003 plus 1098)(Line 10 above)	0	0	0	0

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LIFE, HEALTH & ANNUITY GUARANTY ASSOCIATION MODEL ACT ASSESSMENT BASE RECONCILIATION EXHIBIT

FOR THE YEAR ENDED DECEMBER 31, 2018
(To Be Filed by April 1)

OF THE UnitedHealthcare Insurance Company NAIC COMPANY CODE 79413

DIRECT BUSINESS IN THE STATE OF: Indiana

	PREMIUMS, CONSIDERATIONS AND DEPOSITS	1 Life Insurance Premiums	2 Annuity Considerations	3 A & H Premiums	4 Deposit-Type Contract Funds and Other Considerations
1.	Premiums, considerations and deposits from Schedule T or Exhibit of Premiums and Losses	5,374,132	0	1,947,993,830	0
2.	Premiums, considerations and deposits NOT reported in Schedule T or Exhibit of Premiums and Losses, including investment contract receipts credited to a liability account	0	0	0	0
	2.1 Contract fees for variable contracts with guarantees	0	0	0	0
	2.2 Any other premiums, considerations and deposits not reported in Schedule T or Exhibit of Premiums and Losses	0	0	0	0
3.	Amounts, if applicable, that were deducted prior to determining amounts included in Lines 1 or 2 which are in the following categories:				
	3.1 Transfers to guaranteed Separate Accounts	0	0	0	0
	3.2 Roll over of GICs or annuities into other companies	0	0	0	0
	3.3 Surrenders or other benefits paid out	0	0	0	0
	3.4 Excess interest credited to accounts	0	0	0	0
	3.5 Aggregate write-ins for other amounts deducted prior to determining amounts included in Lines 1 or 2	0	0	0	0
	3.99 Total (Lines 3.1 through 3.5)	0	0	0	0
4.	Transfers:				
	4.1 Enter in Column 2, as a negative number, and Column 4, as a positive number, the total of all amounts received to fund contracts established under Section 403(b) of the U.S. Internal Revenue Code, that are included in Column 2, Lines 1, 2 and 3.99	0	0	0	0
	4.2 Enter in Column 2, as a positive number, and Column 4, as a negative number, any amounts reported in Column 4, Lines 1, 2 and 3.99 that are allocated. (Note: amounts received to fund contracts established under Section 403(b) of the U.S. Internal Revenue Code, should not be included in line 4.2)	0	0	0	0
	4.3 Enter in Column 4, as a positive number, and Column 2, as a negative number, any amounts reported in Column 2, Lines 1, 2 and 3.99 that are unallocated	0	0	0	0
	4.99 Total (Lines 4.1 + 4.2 + 4.3)	0	0	0	0
5.	Total (Lines 1 + 2 + 3.99 + 4.99)	5,374,132	0	1,947,993,830	0
	DEVELOPMENT OF AMOUNTS INCLUDED IN LINES 1 THROUGH 5 THAT SHOULD BE DEDUCTED IN DETERMINING THE BASE Do not include any amount more than once in Lines 6 through 9				
6.	Aggregate write-ins for amounts where the insurer is not subject to risk. Premiums for portions of policies or contracts NOT guaranteed or under which the entire investment risk is borne by the policyholder. (Please specify such deductions and indicate where such amounts were reported in the Annual Statement)	0	0	0	0
7.	Amounts NOT allocated to individuals or individual certificate holders or amounts received for such contracts in excess of limits:				
	7.1 Unallocated funding obligations that do NOT fund government lotteries or employee, union, or association of natural persons benefit plans	XXX	XXX	XXX	0
	7.2 Unallocated funding obligations that fund any employee, union, or association of natural persons benefit plans protected by the Federal Pension Benefit Guaranty Corporation	XXX	XXX	XXX	0
	7.3 Unallocated funding obligations that fund governmental lotteries or employee, union, or association of natural persons benefit plans in excess of $5 million per contract which are NOT: (a) government retirement plans established under Sections 401, 403(b) or 457 of the U.S. Internal Revenue Code, or (b) protected by the Federal Pension Benefit Guaranty Corporation	XXX	XXX	XXX	0
	7.4 Total (Lines 7.1 + 7.2 + 7.3)	XXX	XXX	XXX	0
8.	Dividends/Experience rating credits paid or credited, but only if NOT guaranteed in advance (include only amounts NOT already deducted in determining Lines 1 and 2)	0	0	0	0
9.	Aggregate write-ins for Other Deductions	0	0	862,267,991	0
10.	Total (Lines 6 + 7.4 + 8 + 9)	0	0	862,267,991	0
	MODEL ACT BASE (Line 5 minus Line 10)				
11.	Current Year	5,374,132	0	1,085,725,839	0
	DETAILS OF WRITE-INS				
3.501.					
3.502.					
3.503.					
3.598.	Summary of remaining write-ins for Line 3.5 from overflow page	0	0	0	0
3.599.	Totals (Lines 3.501 thru 3.503 plus 3.598)(Line 3.5 above)	0	0	0	0
0601.					
0602.					
0603.					
0698.	Summary of remaining write-ins for Line 6 from overflow page	0	0	0	0
0699.	Totals (Lines 0601 thru 0603 plus 0698)(Line 6 above)	0	0	0	0
0901.	Medicare Part C & D	0	0	843,307,607	0
0902.	Stop Loss	0	0	18,960,384	0
0903.	Medicaid	0	0	0	0
0998.	Summary of remaining write-ins for Line 9 from overflow page	0	0	0	0
0999.	Totals (Lines 0901 thru 0903 plus 0998)(Line 9 above)	0	0	862,267,991	0

7 9 4 1 3 2 0 1 8 3 0 0 1 5 1 0 0

ADJUSTMENTS TO THE LIFE, HEALTH & ANNUITY GUARANTY ASSOCIATION MODEL ACT ASSESSMENT BASE RECONCILIATION EXHIBIT

FOR THE YEAR ENDED DECEMBER 31, 2018
(To Be Filed by April 1)

OF THE UnitedHealthcare Insurance Company NAIC COMPANY CODE 79413

DIRECT BUSINESS IN THE STATE OF: Indiana

		1 Life Insurance Premiums	2 Allocated Annuity and Other Allocated Fund Deposits	3 Accident & Health Premium	4 Unallocated Annuity & Other Unallocated Fund Deposits
1.	MODEL ACT BASE (Line 11 of the Reconciliation Exhibit)	5,374,132	0	1,085,725,839	0
	AMOUNTS REQUIRED TO DETERMINE THIS STATE'S ASSESSMENT BASE				
2.	Enter in Column 2, as a positive number, and Column 4, as a negative number, the total of all amounts received to fund allocated contracts established under Section 403(b) of the U.S. Internal Revenue Code that are included in Column 4, Line 1 above	XXX	0	XXX	0
3.	Unallocated funding obligations that do NOT fund government lotteries or employee, union, or association of natural persons benefit plans:				
	3.1 Amounts NOT in excess of $1 million per contract	XXX	XXX	XXX	0
	3.2 All amounts	XXX	XXX	XXX	0
4.	Unallocated funding obligations issued to fund government lotteries or employee, union, or association of natural persons benefit plans which are NOT:				
	(a) governmental retirement plans established under Sections 401, 403(b) or 457 of the U.S. Internal Revenue Code, or				
	(b) protected by the Federal Pension Benefit Guaranty Corporation:				
	4.1 Amounts NOT in excess of $1 million per contract	XXX	XXX	XXX	0
	4.2 Amounts in excess of $1 million but NOT in excess of $5 million per contract	XXX	XXX	XXX	0
	4.3 Amounts in excess of $5 million per contract	XXX	XXX	XXX	0
	4.4 Total (Lines 4.1 + 4.2 + 4.3)	XXX	XXX	XXX	0
	4.5 Amounts up to $7.5 million, per contract (Minnesota only)	XXX	XXX	XXX	0
5.	Unallocated funding obligations issued to fund governmental retirement plans established under Sections 401 and 457 of the U.S. Internal Revenue Code:				
	5.1 Amounts in excess of $1 million per contract	XXX	XXX	XXX	0
	5.2 All amounts	XXX	XXX	XXX	0
	5.3 Amounts in excess of $2 million per contract (New Jersey Only)	XXX	XXX	XXX	0
	5.4 Amounts not in excess of $7.5 million per contract (Minnesota Only)	XXX	XXX	XXX	0
6.	Unallocated funding obligations issued to fund governmental retirement plans established under Sections 403(b) of the U.S. Internal Revenue Code:				
	6.1 Amounts NOT in excess of $1 million per contract	XXX	XXX	XXX	0
	6.2 Amounts in excess of $1 million per contract	XXX	XXX	XXX	0
	6.3 Total (Lines 6.1 + 6.2)	XXX	XXX	XXX	0
	6.4 Amounts in excess of $2 million per contract (New Jersey Only)	XXX	XXX	XXX	0
	6.5 Amounts not in excess of $7.5 million per contract (Minnesota Only)	XXX	XXX	XXX	0
7.	Unallocated funding obligations that fund employee, union, or association of natural persons benefit plans protected by the Federal Pension Benefit Guaranty Corporation:				
	7.1 Amounts NOT in excess of $1 million per contract	XXX	XXX	XXX	0
	7.2 All amounts	XXX	XXX	XXX	0
	7.3 Amounts NOT in excess of $2 million per contract (New Jersey only)	XXX	XXX	XXX	0
8.	Unallocated funding obligations issued to fund government lotteries NOT in excess of $5 million per contractholder (New Jersey Only)	XXX	XXX	XXX	0
9.	Unallocated funding obligations that fund employee or association of natural persons benefit plans in excess of $2 million but NOT in excess of $5 million per contract (New Jersey Only)	XXX	XXX	XXX	0
10.	Aggregate write-ins for other deductions	0	0	0	0
	BASE				
11.	Current Year (2018)	5,374,132	0	1,085,725,839	0
	DETAILS OF WRITE-INS				
1001.					
1002.					
1003.					
1098.	Summary of remaining write-ins for Line 10 from overflow page	0	0	0	0
1099.	Totals (Lines 1001 thru 1003 plus 1098)(Line 10 above)	0	0	0	0



LIFE, HEALTH & ANNUITY GUARANTY ASSOCIATION MODEL ACT ASSESSMENT BASE RECONCILIATION EXHIBIT

FOR THE YEAR ENDED DECEMBER 31, 2018
(To Be Filed by April 1)

OF THE UnitedHealthcare Insurance Company NAIC COMPANY CODE 79413

DIRECT BUSINESS IN THE STATE OF: Iowa

	PREMIUMS, CONSIDERATIONS AND DEPOSITS	1 Life Insurance Premiums	2 Annuity Considerations	3 A & H Premiums	4 Deposit-Type Contract Funds and Other Considerations
1.	Premiums, considerations and deposits from Schedule T or Exhibit of Premiums and Losses	1,378,775	0	307,217,602	0
2.	Premiums, considerations and deposits NOT reported in Schedule T or Exhibit of Premiums and Losses, including investment contract receipts credited to a liability account	0	0	0	0
	2.1 Contract fees for variable contracts with guarantees	0	0	0	0
	2.2 Any other premiums, considerations and deposits not reported in Schedule T or Exhibit of Premiums and Losses	0	0	0	0
3.	Amounts, if applicable, that were deducted prior to determining amounts included in Lines 1 or 2 which are in the following categories:				
	3.1 Transfers to guaranteed Separate Accounts	0	0	0	0
	3.2 Roll over of GICs or annuities into other companies	0	0	0	0
	3.3 Surrenders or other benefits paid out	0	0	0	0
	3.4 Excess interest credited to accounts	0	0	0	0
	3.5 Aggregate write-ins for other amounts deducted prior to determining amounts included in Lines 1 or 2	0	0	0	0
	3.99 Total (Lines 3.1 through 3.5)	0	0	0	0
4.	Transfers:				
	4.1 Enter in Column 2, as a negative number, and Column 4, as a positive number, the total of all amounts received to fund contracts established under Section 403(b) of the U.S. Internal Revenue Code, that are included in Column 2, Lines 1, 2 and 3.99	0	0	0	0
	4.2 Enter in Column 2, as a positive number, and Column 4, as a negative number, any amounts reported in Column 4, Lines 1, 2 and 3.99 that are allocated. (Note: amounts received to fund contracts established under Section 403(b) of the U.S. Internal Revenue Code, should not be included in line 4.2)	0	0	0	0
	4.3 Enter in Column 4, as a positive number, and Column 2, as a negative number, any amounts reported in Column 2, Lines 1, 2 and 3.99 that are unallocated	0	0	0	0
	4.99 Total (Lines 4.1 + 4.2 + 4.3)	0	0	0	0
5.	Total (Lines 1 + 2 + 3.99 + 4.99)	1,378,775	0	307,217,602	0
	DEVELOPMENT OF AMOUNTS INCLUDED IN LINES 1 THROUGH 5 THAT SHOULD BE DEDUCTED IN DETERMINING THE BASE Do not include any amount more than once in Lines 6 through 9				
6.	Aggregate write-ins for amounts where the insurer is not subject to risk. Premiums for portions of policies or contracts NOT guaranteed or under which the entire investment risk is borne by the policyholder. (Please specify such deductions and indicate where such amounts were reported in the Annual Statement)	0	0	0	0
7.	Amounts NOT allocated to individuals or individual certificate holders or amounts received for such contracts in excess of limits:				
	7.1 Unallocated funding obligations that do NOT fund government lotteries or employee, union, or association of natural persons benefit plans	XXX	XXX	XXX	0
	7.2 Unallocated funding obligations that fund any employee, union, or association of natural persons benefit plans protected by the Federal Pension Benefit Guaranty Corporation	XXX	XXX	XXX	0
	7.3 Unallocated funding obligations that fund governmental lotteries or employee, union, or association of natural persons benefit plans in excess of $5 million per contract which are NOT: (a) government retirement plans established under Sections 401, 403(b) or 457 of the U.S. Internal Revenue Code, or (b) protected by the Federal Pension Benefit Guaranty Corporation	XXX	XXX	XXX	0
	7.4 Total (Lines 7.1 + 7.2 + 7.3)	XXX	XXX	XXX	0
8.	Dividends/Experience rating credits paid or credited, but only if NOT guaranteed in advance (include only amounts NOT already deducted in determining Lines 1 and 2)	0	0	0	0
9.	Aggregate write-ins for Other Deductions	0	0	31,499,761	0
10.	Total (Lines 6 + 7.4 + 8 + 9)	0	0	31,499,761	0
	MODEL ACT BASE (Line 5 minus Line 10)				
11.	Current Year	1,378,775	0	275,717,841	0
	DETAILS OF WRITE-INS				
3.501.					
3.502.					
3.503.					
3.598.	Summary of remaining write-ins for Line 3.5 from overflow page	0	0	0	0
3.599.	Totals (Lines 3.501 thru 3.503 plus 3.598)(Line 3.5 above)	0	0	0	0
0601.					
0602.					
0603.					
0698.	Summary of remaining write-ins for Line 6 from overflow page	0	0	0	0
0699.	Totals (Lines 0601 thru 0603 plus 0698)(Line 6 above)	0	0	0	0
0901.	Medicare Part C & D	0	0	26,502,933	0
0902.	Stop Loss	0	0	4,996,828	0
0903.	Medicaid	0	0	0	0
0998.	Summary of remaining write-ins for Line 9 from overflow page	0	0	0	0
0999.	Totals (Lines 0901 thru 0903 plus 0998)(Line 9 above)	0	0	31,499,761	0

7 9 4 1 3 2 0 1 8 3 0 0 1 6 1 0 0

ADJUSTMENTS TO THE LIFE, HEALTH & ANNUITY GUARANTY ASSOCIATION MODEL ACT ASSESSMENT BASE RECONCILIATION EXHIBIT

FOR THE YEAR ENDED DECEMBER 31, 2018
(To Be Filed by April 1)

OF THE UnitedHealthcare Insurance Company NAIC COMPANY CODE 79413

DIRECT BUSINESS IN THE STATE OF: Iowa

		1 Life Insurance Premiums	2 Allocated Annuity and Other Allocated Fund Deposits	3 Accident & Health Premium	4 Unallocated Annuity & Other Unallocated Fund Deposits
1.	MODEL ACT BASE (Line 11 of the Reconciliation Exhibit)	1,378,775	0	275,717,841	0
	AMOUNTS REQUIRED TO DETERMINE THIS STATE'S ASSESSMENT BASE				
2.	Enter in Column 2, as a positive number, and Column 4, as a negative number, the total of all amounts received to fund allocated contracts established under Section 403(b) of the U.S. Internal Revenue Code that are included in Column 4, Line 1 above	XXX	0	XXX	0
3.	Unallocated funding obligations that do NOT fund government lotteries or employee, union, or association of natural persons benefit plans:				
	3.1 Amounts NOT in excess of $1 million per contract	XXX	XXX	XXX	0
	3.2 All amounts	XXX	XXX	XXX	0
4.	Unallocated funding obligations issued to fund government lotteries or employee, union, or association of natural persons benefit plans which are NOT:				
	(a) governmental retirement plans established under Sections 401, 403(b) or 457 of the U.S. Internal Revenue Code, or				
	(b) protected by the Federal Pension Benefit Guaranty Corporation:				
	4.1 Amounts NOT in excess of $1 million per contract	XXX	XXX	XXX	0
	4.2 Amounts in excess of $1 million but NOT in excess of $5 million per contract	XXX	XXX	XXX	0
	4.3 Amounts in excess of $5 million per contract	XXX	XXX	XXX	0
	4.4 Total (Lines 4.1 + 4.2 + 4.3)	XXX	XXX	XXX	0
	4.5 Amounts up to $7.5 million, per contract (Minnesota only)	XXX	XXX	XXX	0
5.	Unallocated funding obligations issued to fund governmental retirement plans established under Sections 401 and 457 of the U.S. Internal Revenue Code:				
	5.1 Amounts in excess of $1 million per contract	XXX	XXX	XXX	0
	5.2 All amounts	XXX	XXX	XXX	0
	5.3 Amounts in excess of $2 million per contract (New Jersey Only)	XXX	XXX	XXX	0
	5.4 Amounts not in excess of $7.5 million per contract (Minnesota Only)	XXX	XXX	XXX	0
6.	Unallocated funding obligations issued to fund governmental retirement plans established under Sections 403(b) of the U.S. Internal Revenue Code:				
	6.1 Amounts NOT in excess of $1 million per contract	XXX	XXX	XXX	0
	6.2 Amounts in excess of $1 million per contract	XXX	XXX	XXX	0
	6.3 Total (Lines 6.1 + 6.2)	XXX	XXX	XXX	0
	6.4 Amounts in excess of $2 million per contract (New Jersey Only)	XXX	XXX	XXX	0
	6.5 Amounts not in excess of $7.5 million per contract (Minnesota Only)	XXX	XXX	XXX	0
7.	Unallocated funding obligations that fund employee, union, or association of natural persons benefit plans protected by the Federal Pension Benefit Guaranty Corporation:				
	7.1 Amounts NOT in excess of $1 million per contract	XXX	XXX	XXX	0
	7.2 All amounts	XXX	XXX	XXX	0
	7.3 Amounts NOT in excess of $2 million per contract (New Jersey only)	XXX	XXX	XXX	0
8.	Unallocated funding obligations issued to fund government lotteries NOT in excess of $5 million per contractholder (New Jersey Only)	XXX	XXX	XXX	0
9.	Unallocated funding obligations that fund employee or association of natural persons benefit plans in excess of $2 million but NOT in excess of $5 million per contract (New Jersey Only)	XXX	XXX	XXX	0
10.	Aggregate write-ins for other deductions	0	0	0	0
	BASE				
11.	Current Year (2018)	1,378,775	0	275,717,841	0
	DETAILS OF WRITE-INS				
1001.					
1002.					
1003.					
1098.	Summary of remaining write-ins for Line 10 from overflow page	0	0	0	0
1099.	Totals (Lines 1001 thru 1003 plus 1098)(Line 10 above)	0	0	0	0



LIFE, HEALTH & ANNUITY GUARANTY ASSOCIATION MODEL ACT ASSESSMENT BASE RECONCILIATION EXHIBIT

FOR THE YEAR ENDED DECEMBER 31, 2018
(To Be Filed by April 1)

OF THE UnitedHealthcare Insurance Company NAIC COMPANY CODE 79413

DIRECT BUSINESS IN THE STATE OF: Kansas

	PREMIUMS, CONSIDERATIONS AND DEPOSITS	1 Life Insurance Premiums	2 Annuity Considerations	3 A & H Premiums	4 Deposit-Type Contract Funds and Other Considerations
1.	Premiums, considerations and deposits from Schedule T or Exhibit of Premiums and Losses	1,377,400	0	414,652,099	0
2.	Premiums, considerations and deposits NOT reported in Schedule T or Exhibit of Premiums and Losses, including investment contract receipts credited to a liability account	0	0	0	0
	2.1 Contract fees for variable contracts with guarantees	0	0	0	0
	2.2 Any other premiums, considerations and deposits not reported in Schedule T or Exhibit of Premiums and Losses	0	0	0	0
3.	Amounts, if applicable, that were deducted prior to determining amounts included in Lines 1 or 2 which are in the following categories:				
	3.1 Transfers to guaranteed Separate Accounts	0	0	0	0
	3.2 Roll over of GICs or annuities into other companies	0	0	0	0
	3.3 Surrenders or other benefits paid out	0	0	0	0
	3.4 Excess interest credited to accounts	0	0	0	0
	3.5 Aggregate write-ins for other amounts deducted prior to determining amounts included in Lines 1 or 2	0	0	0	0
	3.99 Total (Lines 3.1 through 3.5)	0	0	0	0
4.	Transfers:				
	4.1 Enter in Column 2, as a negative number, and Column 4, as a positive number, the total of all amounts received to fund contracts established under Section 403(b) of the U.S. Internal Revenue Code, that are included in Column 2, Lines 1, 2 and 3.99	0	0	0	0
	4.2 Enter in Column 2, as a positive number, and Column 4, as a negative number, any amounts reported in Column 4, Lines 1, 2 and 3.99 that are allocated. (Note: amounts received to fund contracts established under Section 403(b) of the U.S. Internal Revenue Code, should not be included in line 4.2)	0	0	0	0
	4.3 Enter in Column 4, as a positive number, and Column 2, as a negative number, any amounts reported in Column 2, Lines 1, 2 and 3.99 that are unallocated	0	0	0	0
	4.99 Total (Lines 4.1 + 4.2 + 4.3)	0	0	0	0
5.	Total (Lines 1 + 2 + 3.99 + 4.99)	1,377,400	0	414,652,099	0
	DEVELOPMENT OF AMOUNTS INCLUDED IN LINES 1 THROUGH 5 THAT SHOULD BE DEDUCTED IN DETERMINING THE BASE Do not include any amount more than once in Lines 6 through 9				
6.	Aggregate write-ins for amounts where the insurer is not subject to risk. Premiums for portions of policies or contracts NOT guaranteed or under which the entire investment risk is borne by the policyholder. (Please specify such deductions and indicate where such amounts were reported in the Annual Statement)	0	0	0	0
7.	Amounts NOT allocated to individuals or individual certificate holders or amounts received for such contracts in excess of limits:				
	7.1 Unallocated funding obligations that do NOT fund government lotteries or employee, union, or association of natural persons benefit plans	XXX	XXX	XXX	0
	7.2 Unallocated funding obligations that fund any employee, union, or association of natural persons benefit plans protected by the Federal Pension Benefit Guaranty Corporation	XXX	XXX	XXX	0
	7.3 Unallocated funding obligations that fund governmental lotteries or employee, union, or association of natural persons benefit plans in excess of $5 million per contract which are NOT: (a) government retirement plans established under Sections 401, 403(b) or 457 of the U.S. Internal Revenue Code, or (b) protected by the Federal Pension Benefit Guaranty Corporation	XXX	XXX	XXX	0
	7.4 Total (Lines 7.1 + 7.2 + 7.3)	XXX	XXX	XXX	0
8.	Dividends/Experience rating credits paid or credited, but only if NOT guaranteed in advance (include only amounts NOT already deducted in determining Lines 1 and 2)	0	0	0	0
9.	Aggregate write-ins for Other Deductions	0	0	54,664,261	0
10.	Total (Lines 6 + 7.4 + 8 + 9)	0	0	54,664,261	0
	MODEL ACT BASE (Line 5 minus Line 10)				
11.	Current Year	1,377,400	0	359,987,838	0
	DETAILS OF WRITE-INS				
3.501.					
3.502.					
3.503.					
3.598.	Summary of remaining write-ins for Line 3.5 from overflow page	0	0	0	0
3.599.	Totals (Lines 3.501 thru 3.503 plus 3.598)(Line 3.5 above)	0	0	0	0
0601.					
0602.					
0603.					
0698.	Summary of remaining write-ins for Line 6 from overflow page	0	0	0	0
0699.	Totals (Lines 0601 thru 0603 plus 0698)(Line 6 above)	0	0	0	0
0901.	Medicare Part C & D	0	0	48,634,676	0
0902.	Stop Loss	0	0	6,029,585	0
0903.	Medicaid	0	0	0	0
0998.	Summary of remaining write-ins for Line 9 from overflow page	0	0	0	0
0999.	Totals (Lines 0901 thru 0903 plus 0998)(Line 9 above)	0	0	54,664,261	0

7 9 4 1 3 2 0 1 8 3 0 0 1 7 1 0 0

ADJUSTMENTS TO THE LIFE, HEALTH & ANNUITY GUARANTY ASSOCIATION MODEL ACT ASSESSMENT BASE RECONCILIATION EXHIBIT

FOR THE YEAR ENDED DECEMBER 31, 2018
(To Be Filed by April 1)

OF THE UnitedHealthcare Insurance Company NAIC COMPANY CODE 79413

DIRECT BUSINESS IN THE STATE OF: Kansas

		1 Life Insurance Premiums	2 Allocated Annuity and Other Allocated Fund Deposits	3 Accident & Health Premium	4 Unallocated Annuity & Other Unallocated Fund Deposits
1.	MODEL ACT BASE (Line 11 of the Reconciliation Exhibit)	1,377,400	0	359,987,838	0
	AMOUNTS REQUIRED TO DETERMINE THIS STATE'S ASSESSMENT BASE				
2.	Enter in Column 2, as a positive number, and Column 4, as a negative number, the total of all amounts received to fund allocated contracts established under Section 403(b) of the U.S. Internal Revenue Code that are included in Column 4, Line 1 above	XXX	0	XXX	0
3.	Unallocated funding obligations that do NOT fund government lotteries or employee, union, or association of natural persons benefit plans:				
	3.1 Amounts NOT in excess of $1 million per contract	XXX	XXX	XXX	0
	3.2 All amounts	XXX	XXX	XXX	0
4.	Unallocated funding obligations issued to fund government lotteries or employee, union, or association of natural persons benefit plans which are NOT:				
	(a) governmental retirement plans established under Sections 401, 403(b) or 457 of the U.S. Internal Revenue Code, or				
	(b) protected by the Federal Pension Benefit Guaranty Corporation:				
	4.1 Amounts NOT in excess of $1 million per contract	XXX	XXX	XXX	0
	4.2 Amounts in excess of $1 million but NOT in excess of $5 million per contract	XXX	XXX	XXX	0
	4.3 Amounts in excess of $5 million per contract	XXX	XXX	XXX	0
	4.4 Total (Lines 4.1 + 4.2 + 4.3)	XXX	XXX	XXX	0
	4.5 Amounts up to $7.5 million, per contract (Minnesota only)	XXX	XXX	XXX	0
5.	Unallocated funding obligations issued to fund governmental retirement plans established under Sections 401 and 457 of the U.S. Internal Revenue Code:				
	5.1 Amounts in excess of $1 million per contract	XXX	XXX	XXX	0
	5.2 All amounts	XXX	XXX	XXX	0
	5.3 Amounts in excess of $2 million per contract (New Jersey Only)	XXX	XXX	XXX	0
	5.4 Amounts not in excess of $7.5 million per contract (Minnesota Only)	XXX	XXX	XXX	0
6.	Unallocated funding obligations issued to fund governmental retirement plans established under Sections 403(b) of the U.S. Internal Revenue Code:				
	6.1 Amounts NOT in excess of $1 million per contract	XXX	XXX	XXX	0
	6.2 Amounts in excess of $1 million per contract	XXX	XXX	XXX	0
	6.3 Total (Lines 6.1 + 6.2)	XXX	XXX	XXX	0
	6.4 Amounts in excess of $2 million per contract (New Jersey Only)	XXX	XXX	XXX	0
	6.5 Amounts not in excess of $7.5 million per contract (Minnesota Only)	XXX	XXX	XXX	0
7.	Unallocated funding obligations that fund employee, union, or association of natural persons benefit plans protected by the Federal Pension Benefit Guaranty Corporation:				
	7.1 Amounts NOT in excess of $1 million per contract	XXX	XXX	XXX	0
	7.2 All amounts	XXX	XXX	XXX	0
	7.3 Amounts NOT in excess of $2 million per contract (New Jersey only)	XXX	XXX	XXX	0
8.	Unallocated funding obligations issued to fund government lotteries NOT in excess of $5 million per contractholder (New Jersey Only)	XXX	XXX	XXX	0
9.	Unallocated funding obligations that fund employee or association of natural persons benefit plans in excess of $2 million but NOT in excess of $5 million per contract (New Jersey Only)	XXX	XXX	XXX	0
10.	Aggregate write-ins for other deductions	0	0	0	0
	BASE				
11.	Current Year (2018)	1,377,400	0	359,987,838	0
	DETAILS OF WRITE-INS				
1001.					
1002.					
1003.					
1098.	Summary of remaining write-ins for Line 10 from overflow page	0	0	0	0
1099.	Totals (Lines 1001 thru 1003 plus 1098)(Line 10 above)	0	0	0	0



LIFE, HEALTH & ANNUITY GUARANTY ASSOCIATION MODEL ACT ASSESSMENT BASE RECONCILIATION EXHIBIT

FOR THE YEAR ENDED DECEMBER 31, 2018
(To Be Filed by April 1)

OF THE UnitedHealthcare Insurance Company NAIC COMPANY CODE 79413

DIRECT BUSINESS IN THE STATE OF: Kentucky

	PREMIUMS, CONSIDERATIONS AND DEPOSITS	1 Life Insurance Premiums	2 Annuity Considerations	3 A & H Premiums	4 Deposit-Type Contract Funds and Other Considerations
1.	Premiums, considerations and deposits from Schedule T or Exhibit of Premiums and Losses	935,375	0	368,362,448	0
2.	Premiums, considerations and deposits NOT reported in Schedule T or Exhibit of Premiums and Losses, including investment contract receipts credited to a liability account	0	0	0	0
	2.1 Contract fees for variable contracts with guarantees	0	0	0	0
	2.2 Any other premiums, considerations and deposits not reported in Schedule T or Exhibit of Premiums and Losses	0	0	0	0
3.	Amounts, if applicable, that were deducted prior to determining amounts included in Lines 1 or 2 which are in the following categories:				
	3.1 Transfers to guaranteed Separate Accounts	0	0	0	0
	3.2 Roll over of GICs or annuities into other companies	0	0	0	0
	3.3 Surrenders or other benefits paid out	0	0	0	0
	3.4 Excess interest credited to accounts	0	0	0	0
	3.5 Aggregate write-ins for other amounts deducted prior to determining amounts included in Lines 1 or 2	0	0	0	0
	3.99 Total (Lines 3.1 through 3.5)	0	0	0	0
4.	Transfers:				
	4.1 Enter in Column 2, as a negative number, and Column 4, as a positive number, the total of all amounts received to fund contracts established under Section 403(b) of the U.S. Internal Revenue Code, that are included in Column 2, Lines 1, 2 and 3.99	0	0	0	0
	4.2 Enter in Column 2, as a positive number, and Column 4, as a negative number, any amounts reported in Column 4, Lines 1, 2 and 3.99 that are allocated. (Note: amounts received to fund contracts established under Section 403(b) of the U.S. Internal Revenue Code, should not be included in line 4.2)	0	0	0	0
	4.3 Enter in Column 4, as a positive number, and Column 2, as a negative number, any amounts reported in Column 2, Lines 1, 2 and 3.99 that are unallocated	0	0	0	0
	4.99 Total (Lines 4.1 + 4.2 + 4.3)	0	0	0	0
5.	Total (Lines 1 + 2 + 3.99 + 4.99)	935,375	0	368,362,448	0
	DEVELOPMENT OF AMOUNTS INCLUDED IN LINES 1 THROUGH 5 THAT SHOULD BE DEDUCTED IN DETERMINING THE BASE Do not include any amount more than once in Lines 6 through 9				
6.	Aggregate write-ins for amounts where the insurer is not subject to risk. Premiums for portions of policies or contracts NOT guaranteed or under which the entire investment risk is borne by the policyholder. (Please specify such deductions and indicate where such amounts were reported in the Annual Statement)	0	0	0	0
7.	Amounts NOT allocated to individuals or individual certificate holders or amounts received for such contracts in excess of limits:				
	7.1 Unallocated funding obligations that do NOT fund government lotteries or employee, union, or association of natural persons benefit plans	XXX	XXX	XXX	0
	7.2 Unallocated funding obligations that fund any employee, union, or association of natural persons benefit plans protected by the Federal Pension Benefit Guaranty Corporation	XXX	XXX	XXX	0
	7.3 Unallocated funding obligations that fund governmental lotteries or employee, union, or association of natural persons benefit plans in excess of $5 million per contract which are NOT: (a) government retirement plans established under Sections 401, 403(b) or 457 of the U.S. Internal Revenue Code, or (b) protected by the Federal Pension Benefit Guaranty Corporation	XXX	XXX	XXX	0
	7.4 Total (Lines 7.1 + 7.2 + 7.3)	XXX	XXX	XXX	0
8.	Dividends/Experience rating credits paid or credited, but only if NOT guaranteed in advance (include only amounts NOT already deducted in determining Lines 1 and 2)	0	0	0	0
9.	Aggregate write-ins for Other Deductions	0	0	90,673,589	0
10.	Total (Lines 6 + 7.4 + 8 + 9)	0	0	90,673,589	0
	MODEL ACT BASE (Line 5 minus Line 10)				
11.	Current Year	935,375	0	277,688,859	0
	DETAILS OF WRITE-INS				
3.501.					
3.502.					
3.503.					
3.598.	Summary of remaining write-ins for Line 3.5 from overflow page	0	0	0	0
3.599.	Totals (Lines 3.501 thru 3.503 plus 3.598)(Line 3.5 above)	0	0	0	0
0601.					
0602.					
0603.					
0698.	Summary of remaining write-ins for Line 6 from overflow page	0	0	0	0
0699.	Totals (Lines 0601 thru 0603 plus 0698)(Line 6 above)	0	0	0	0
0901.	Medicare Part C & D	0	0	82,388,735	0
0902.	Stop Loss	0	0	8,284,854	0
0903.	Medicaid	0	0	0	0
0998.	Summary of remaining write-ins for Line 9 from overflow page	0	0	0	0
0999.	Totals (Lines 0901 thru 0903 plus 0998)(Line 9 above)	0	0	90,673,589	0



ADJUSTMENTS TO THE LIFE, HEALTH & ANNUITY GUARANTY ASSOCIATION MODEL ACT ASSESSMENT BASE RECONCILIATION EXHIBIT

FOR THE YEAR ENDED DECEMBER 31, 2018
(To Be Filed by April 1)

OF THE UnitedHealthcare Insurance Company NAIC COMPANY CODE 79413

DIRECT BUSINESS IN THE STATE OF: Kentucky

		1 Life Insurance Premiums	2 Allocated Annuity and Other Allocated Fund Deposits	3 Accident & Health Premium	4 Unallocated Annuity & Other Unallocated Fund Deposits
1.	MODEL ACT BASE (Line 11 of the Reconciliation Exhibit)	935,375	0	277,688,859	0
	AMOUNTS REQUIRED TO DETERMINE THIS STATE'S ASSESSMENT BASE				
2.	Enter in Column 2, as a positive number, and Column 4, as a negative number, the total of all amounts received to fund allocated contracts established under Section 403(b) of the U.S. Internal Revenue Code that are included in Column 4, Line 1 above	XXX	0	XXX	0
3.	Unallocated funding obligations that do NOT fund government lotteries or employee, union, or association of natural persons benefit plans:				
	3.1 Amounts NOT in excess of $1 million per contract	XXX	XXX	XXX	0
	3.2 All amounts	XXX	XXX	XXX	0
4.	Unallocated funding obligations issued to fund government lotteries or employee, union, or association of natural persons benefit plans which are NOT:				
	(a) governmental retirement plans established under Sections 401, 403(b) or 457 of the U.S. Internal Revenue Code, or				
	(b) protected by the Federal Pension Benefit Guaranty Corporation:				
	4.1 Amounts NOT in excess of $1 million per contract	XXX	XXX	XXX	0
	4.2 Amounts in excess of $1 million but NOT in excess of $5 million per contract	XXX	XXX	XXX	0
	4.3 Amounts in excess of $5 million per contract	XXX	XXX	XXX	0
	4.4 Total (Lines 4.1 + 4.2 + 4.3)	XXX	XXX	XXX	0
	4.5 Amounts up to $7.5 million, per contract (Minnesota only)	XXX	XXX	XXX	0
5.	Unallocated funding obligations issued to fund governmental retirement plans established under Sections 401 and 457 of the U.S. Internal Revenue Code:				
	5.1 Amounts in excess of $1 million per contract	XXX	XXX	XXX	0
	5.2 All amounts	XXX	XXX	XXX	0
	5.3 Amounts in excess of $2 million per contract (New Jersey Only)	XXX	XXX	XXX	0
	5.4 Amounts not in excess of $7.5 million per contract (Minnesota Only)	XXX	XXX	XXX	0
6.	Unallocated funding obligations issued to fund governmental retirement plans established under Sections 403(b) of the U.S. Internal Revenue Code:				
	6.1 Amounts NOT in excess of $1 million per contract	XXX	XXX	XXX	0
	6.2 Amounts in excess of $1 million per contract	XXX	XXX	XXX	0
	6.3 Total (Lines 6.1 + 6.2)	XXX	XXX	XXX	0
	6.4 Amounts in excess of $2 million per contract (New Jersey Only)	XXX	XXX	XXX	0
	6.5 Amounts not in excess of $7.5 million per contract (Minnesota Only)	XXX	XXX	XXX	0
7.	Unallocated funding obligations that fund employee, union, or association of natural persons benefit plans protected by the Federal Pension Benefit Guaranty Corporation:				
	7.1 Amounts NOT in excess of $1 million per contract	XXX	XXX	XXX	0
	7.2 All amounts	XXX	XXX	XXX	0
	7.3 Amounts NOT in excess of $2 million per contract (New Jersey only)	XXX	XXX	XXX	0
8.	Unallocated funding obligations issued to fund government lotteries NOT in excess of $5 million per contractholder (New Jersey Only)	XXX	XXX	XXX	0
9.	Unallocated funding obligations that fund employee or association of natural persons benefit plans in excess of $2 million but NOT in excess of $5 million per contract (New Jersey Only)	XXX	XXX	XXX	0
10.	Aggregate write-ins for other deductions	0	0	0	0
	BASE				
11.	Current Year (2018)	935,375	0	277,688,859	0
	DETAILS OF WRITE-INS				
1001.					
1002.					
1003.					
1098.	Summary of remaining write-ins for Line 10 from overflow page	0	0	0	0
1099.	Totals (Lines 1001 thru 1003 plus 1098)(Line 10 above)	0	0	0	0

7 9 4 1 3 2 0 1 8 2 9 0 1 9 1 0 0

LIFE, HEALTH & ANNUITY GUARANTY ASSOCIATION MODEL ACT ASSESSMENT BASE RECONCILIATION EXHIBIT

FOR THE YEAR ENDED DECEMBER 31, 2018
(To Be Filed by April 1)

OF THE UnitedHealthcare Insurance Company NAIC COMPANY CODE 79413

DIRECT BUSINESS IN THE STATE OF: Louisiana

	PREMIUMS, CONSIDERATIONS AND DEPOSITS	1 Life Insurance Premiums	2 Annuity Considerations	3 A & H Premiums	4 Deposit-Type Contract Funds and Other Considerations
1.	Premiums, considerations and deposits from Schedule T or Exhibit of Premiums and Losses	1,671,398	0	634,473,430	0
2.	Premiums, considerations and deposits NOT reported in Schedule T or Exhibit of Premiums and Losses, including investment contract receipts credited to a liability account	0	0	0	0
	2.1 Contract fees for variable contracts with guarantees	0	0	0	0
	2.2 Any other premiums, considerations and deposits not reported in Schedule T or Exhibit of Premiums and Losses	0	0	0	0
3.	Amounts, if applicable, that were deducted prior to determining amounts included in Lines 1 or 2 which are in the following categories:				
	3.1 Transfers to guaranteed Separate Accounts	0	0	0	0
	3.2 Roll over of GICs or annuities into other companies	0	0	0	0
	3.3 Surrenders or other benefits paid out	0	0	0	0
	3.4 Excess interest credited to accounts	0	0	0	0
	3.5 Aggregate write-ins for other amounts deducted prior to determining amounts included in Lines 1 or 2	0	0	0	0
	3.99 Total (Lines 3.1 through 3.5)	0	0	0	0
4.	Transfers:				
	4.1 Enter in Column 2, as a negative number, and Column 4, as a positive number, the total of all amounts received to fund contracts established under Section 403(b) of the U.S. Internal Revenue Code, that are included in Column 2, Lines 1, 2 and 3.99	0	0	0	0
	4.2 Enter in Column 2, as a positive number, and Column 4, as a negative number, any amounts reported in Column 4, Lines 1, 2 and 3.99 that are allocated. (Note: amounts received to fund contracts established under Section 403(b) of the U.S. Internal Revenue Code, should not be included in line 4.2)	0	0	0	0
	4.3 Enter in Column 4, as a positive number, and Column 2, as a negative number, any amounts reported in Column 2, Lines 1, 2 and 3.99 that are unallocated	0	0	0	0
	4.99 Total (Lines 4.1 + 4.2 + 4.3)	0	0	0	0
5.	Total (Lines 1 + 2 + 3.99 + 4.99)	1,671,398	0	634,473,430	0
	DEVELOPMENT OF AMOUNTS INCLUDED IN LINES 1 THROUGH 5 THAT SHOULD BE DEDUCTED IN DETERMINING THE BASE Do not include any amount more than once in Lines 6 through 9				
6.	Aggregate write-ins for amounts where the insurer is not subject to risk. Premiums for portions of policies or contracts NOT guaranteed or under which the entire investment risk is borne by the policyholder. (Please specify such deductions and indicate where such amounts were reported in the Annual Statement)	0	0	0	0
7.	Amounts NOT allocated to individuals or individual certificate holders or amounts received for such contracts in excess of limits:				
	7.1 Unallocated funding obligations that do NOT fund government lotteries or employee, union, or association of natural persons benefit plans	XXX	XXX	XXX	0
	7.2 Unallocated funding obligations that fund any employee, union, or association of natural persons benefit plans protected by the Federal Pension Benefit Guaranty Corporation	XXX	XXX	XXX	0
	7.3 Unallocated funding obligations that fund governmental lotteries or employee, union, or association of natural persons benefit plans in excess of $5 million per contract which are NOT: (a) government retirement plans established under Sections 401, 403(b) or 457 of the U.S. Internal Revenue Code, or (b) protected by the Federal Pension Benefit Guaranty Corporation	XXX	XXX	XXX	0
	7.4 Total (Lines 7.1 + 7.2 + 7.3)	XXX	XXX	XXX	0
8.	Dividends/Experience rating credits paid or credited, but only if NOT guaranteed in advance (include only amounts NOT already deducted in determining Lines 1 and 2)	0	0	0	0
9.	Aggregate write-ins for Other Deductions	0	0	97,218,780	0
10.	Total (Lines 6 + 7.4 + 8 + 9)	0	0	97,218,780	0
	MODEL ACT BASE (Line 5 minus Line 10)				
11.	Current Year	1,671,398	0	537,254,650	0
	DETAILS OF WRITE-INS				
3.501.					
3.502.					
3.503.					
3.598.	Summary of remaining write-ins for Line 3.5 from overflow page	0	0	0	0
3.599.	Totals (Lines 3.501 thru 3.503 plus 3.598)(Line 3.5 above)	0	0	0	0
0601.					
0602.					
0603.					
0698.	Summary of remaining write-ins for Line 6 from overflow page	0	0	0	0
0699.	Totals (Lines 0601 thru 0603 plus 0698)(Line 6 above)	0	0	0	0
0901.	Medicare Part C & D	0	0	84,736,771	0
0902.	Stop Loss	0	0	12,482,009	0
0903.	Medicaid	0	0	0	0
0998.	Summary of remaining write-ins for Line 9 from overflow page	0	0	0	0
0999.	Totals (Lines 0901 thru 0903 plus 0998)(Line 9 above)	0	0	97,218,780	0

7 9 4 1 3 2 0 1 8 3 0 0 1 9 1 0 0

ADJUSTMENTS TO THE LIFE, HEALTH & ANNUITY GUARANTY ASSOCIATION MODEL ACT ASSESSMENT BASE RECONCILIATION EXHIBIT

FOR THE YEAR ENDED DECEMBER 31, 2018
(To Be Filed by April 1)

OF THE UnitedHealthcare Insurance Company NAIC COMPANY CODE 79413

DIRECT BUSINESS IN THE STATE OF: Louisiana

		1 Life Insurance Premiums	2 Allocated Annuity and Other Allocated Fund Deposits	3 Accident & Health Premium	4 Unallocated Annuity & Other Unallocated Fund Deposits
1.	MODEL ACT BASE (Line 11 of the Reconciliation Exhibit)	1,671,398	0	537,254,650	0
	AMOUNTS REQUIRED TO DETERMINE THIS STATE'S ASSESSMENT BASE				
2.	Enter in Column 2, as a positive number, and Column 4, as a negative number, the total of all amounts received to fund allocated contracts established under Section 403(b) of the U.S. Internal Revenue Code that are included in Column 4, Line 1 above	XXX	0	XXX	0
3.	Unallocated funding obligations that do NOT fund government lotteries or employee, union, or association of natural persons benefit plans:				
	3.1 Amounts NOT in excess of $1 million per contract	XXX	XXX	XXX	0
	3.2 All amounts	XXX	XXX	XXX	0
4.	Unallocated funding obligations issued to fund government lotteries or employee, union, or association of natural persons benefit plans which are NOT:				
	(a) governmental retirement plans established under Sections 401, 403(b) or 457 of the U.S. Internal Revenue Code, or				
	(b) protected by the Federal Pension Benefit Guaranty Corporation:				
	4.1 Amounts NOT in excess of $1 million per contract	XXX	XXX	XXX	0
	4.2 Amounts in excess of $1 million but NOT in excess of $5 million per contract	XXX	XXX	XXX	0
	4.3 Amounts in excess of $5 million per contract	XXX	XXX	XXX	0
	4.4 Total (Lines 4.1 + 4.2 + 4.3)	XXX	XXX	XXX	0
	4.5 Amounts up to $7.5 million, per contract (Minnesota only)	XXX	XXX	XXX	0
5.	Unallocated funding obligations issued to fund governmental retirement plans established under Sections 401 and 457 of the U.S. Internal Revenue Code:				
	5.1 Amounts in excess of $1 million per contract	XXX	XXX	XXX	0
	5.2 All amounts	XXX	XXX	XXX	0
	5.3 Amounts in excess of $2 million per contract (New Jersey Only)	XXX	XXX	XXX	0
	5.4 Amounts not in excess of $7.5 million per contract (Minnesota Only)	XXX	XXX	XXX	0
6.	Unallocated funding obligations issued to fund governmental retirement plans established under Sections 403(b) of the U.S. Internal Revenue Code:				
	6.1 Amounts NOT in excess of $1 million per contract	XXX	XXX	XXX	0
	6.2 Amounts in excess of $1 million per contract	XXX	XXX	XXX	0
	6.3 Total (Lines 6.1 + 6.2)	XXX	XXX	XXX	0
	6.4 Amounts in excess of $2 million per contract (New Jersey Only)	XXX	XXX	XXX	0
	6.5 Amounts not in excess of $7.5 million per contract (Minnesota Only)	XXX	XXX	XXX	0
7.	Unallocated funding obligations that fund employee, union, or association of natural persons benefit plans protected by the Federal Pension Benefit Guaranty Corporation:				
	7.1 Amounts NOT in excess of $1 million per contract	XXX	XXX	XXX	0
	7.2 All amounts	XXX	XXX	XXX	0
	7.3 Amounts NOT in excess of $2 million per contract (New Jersey only)	XXX	XXX	XXX	0
8.	Unallocated funding obligations issued to fund government lotteries NOT in excess of $5 million per contractholder (New Jersey Only)	XXX	XXX	XXX	0
9.	Unallocated funding obligations that fund employee or association of natural persons benefit plans in excess of $2 million but NOT in excess of $5 million per contract (New Jersey Only)	XXX	XXX	XXX	0
10.	Aggregate write-ins for other deductions	0	0	0	0
	BASE				
11.	Current Year (2018)	1,671,398	0	537,254,650	0
	DETAILS OF WRITE-INS				
1001.					
1002.					
1003.					
1098.	Summary of remaining write-ins for Line 10 from overflow page	0	0	0	0
1099.	Totals (Lines 1001 thru 1003 plus 1098)(Line 10 above)	0	0	0	0



LIFE, HEALTH & ANNUITY GUARANTY ASSOCIATION MODEL ACT ASSESSMENT BASE RECONCILIATION EXHIBIT

FOR THE YEAR ENDED DECEMBER 31, 2018
(To Be Filed by April 1)

OF THE UnitedHealthcare Insurance Company NAIC COMPANY CODE 79413

DIRECT BUSINESS IN THE STATE OF: Maine

	PREMIUMS, CONSIDERATIONS AND DEPOSITS	1 Life Insurance Premiums	2 Annuity Considerations	3 A & H Premiums	4 Deposit-Type Contract Funds and Other Considerations
1.	Premiums, considerations and deposits from Schedule T or Exhibit of Premiums and Losses	138,502	0	169,571,848	0
2.	Premiums, considerations and deposits NOT reported in Schedule T or Exhibit of Premiums and Losses, including investment contract receipts credited to a liability account	0	0	0	0
	2.1 Contract fees for variable contracts with guarantees	0	0	0	0
	2.2 Any other premiums, considerations and deposits not reported in Schedule T or Exhibit of Premiums and Losses	0	0	0	0
3.	Amounts, if applicable, that were deducted prior to determining amounts included in Lines 1 or 2 which are in the following categories:				
	3.1 Transfers to guaranteed Separate Accounts	0	0	0	0
	3.2 Roll over of GICs or annuities into other companies	0	0	0	0
	3.3 Surrenders or other benefits paid out	0	0	0	0
	3.4 Excess interest credited to accounts	0	0	0	0
	3.5 Aggregate write-ins for other amounts deducted prior to determining amounts included in Lines 1 or 2	0	0	0	0
	3.99 Total (Lines 3.1 through 3.5)	0	0	0	0
4.	Transfers:				
	4.1 Enter in Column 2, as a negative number, and Column 4, as a positive number, the total of all amounts received to fund contracts established under Section 403(b) of the U.S. Internal Revenue Code, that are included in Column 2, Lines 1, 2 and 3.99	0	0	0	0
	4.2 Enter in Column 2, as a positive number, and Column 4, as a negative number, any amounts reported in Column 4, Lines 1, 2 and 3.99 that are allocated. (Note: amounts received to fund contracts established under Section 403(b) of the U.S. Internal Revenue Code, should not be included in line 4.2)	0	0	0	0
	4.3 Enter in Column 4, as a positive number, and Column 2, as a negative number, any amounts reported in Column 2, Lines 1, 2 and 3.99 that are unallocated	0	0	0	0
	4.99 Total (Lines 4.1 + 4.2 + 4.3)	0	0	0	0
5.	Total (Lines 1 + 2 + 3.99 + 4.99)	138,502	0	169,571,848	0
	DEVELOPMENT OF AMOUNTS INCLUDED IN LINES 1 THROUGH 5 THAT SHOULD BE DEDUCTED IN DETERMINING THE BASE Do not include any amount more than once in Lines 6 through 9				
6.	Aggregate write-ins for amounts where the insurer is not subject to risk. Premiums for portions of policies or contracts NOT guaranteed or under which the entire investment risk is borne by the policyholder. (Please specify such deductions and indicate where such amounts were reported in the Annual Statement)	0	0	0	0
7.	Amounts NOT allocated to individuals or individual certificate holders or amounts received for such contracts in excess of limits:				
	7.1 Unallocated funding obligations that do NOT fund government lotteries or employee, union, or association of natural persons benefit plans	XXX	XXX	XXX	0
	7.2 Unallocated funding obligations that fund any employee, union, or association of natural persons benefit plans protected by the Federal Pension Benefit Guaranty Corporation	XXX	XXX	XXX	0
	7.3 Unallocated funding obligations that fund governmental lotteries or employee, union, or association of natural persons benefit plans in excess of $5 million per contract which are NOT: (a) government retirement plans established under Sections 401, 403(b) or 457 of the U.S. Internal Revenue Code, or (b) protected by the Federal Pension Benefit Guaranty Corporation	XXX	XXX	XXX	0
	7.4 Total (Lines 7.1 + 7.2 + 7.3)	XXX	XXX	XXX	0
8.	Dividends/Experience rating credits paid or credited, but only if NOT guaranteed in advance (include only amounts NOT already deducted in determining Lines 1 and 2)	0	0	0	0
9.	Aggregate write-ins for Other Deductions	0	0	52,902,218	0
10.	Total (Lines 6 + 7.4 + 8 + 9)	0	0	52,902,218	0
	MODEL ACT BASE (Line 5 minus Line 10)				
11.	Current Year	138,502	0	116,669,630	0
	DETAILS OF WRITE-INS				
3.501.					
3.502.					
3.503.					
3.598.	Summary of remaining write-ins for Line 3.5 from overflow page	0	0	0	0
3.599.	Totals (Lines 3.501 thru 3.503 plus 3.598)(Line 3.5 above)	0	0	0	0
0601.					
0602.					
0603.					
0698.	Summary of remaining write-ins for Line 6 from overflow page	0	0	0	0
0699.	Totals (Lines 0601 thru 0603 plus 0698)(Line 6 above)	0	0	0	0
0901.	Medicare Part C & D	0	0	51,334,131	0
0902.	Stop Loss	0	0	1,568,087	0
0903.	Medicaid	0	0	0	0
0998.	Summary of remaining write-ins for Line 9 from overflow page	0	0	0	0
0999.	Totals (Lines 0901 thru 0903 plus 0998)(Line 9 above)	0	0	52,902,218	0



ADJUSTMENTS TO THE LIFE, HEALTH & ANNUITY GUARANTY ASSOCIATION MODEL ACT ASSESSMENT BASE RECONCILIATION EXHIBIT

FOR THE YEAR ENDED DECEMBER 31, 2018
(To Be Filed by April 1)

OF THE UnitedHealthcare Insurance Company NAIC COMPANY CODE 79413

DIRECT BUSINESS IN THE STATE OF: Maine

		1 Life Insurance Premiums	2 Allocated Annuity and Other Allocated Fund Deposits	3 Accident & Health Premium	4 Unallocated Annuity & Other Unallocated Fund Deposits
1.	MODEL ACT BASE (Line 11 of the Reconciliation Exhibit)	138,502	0	116,669,630	0
	AMOUNTS REQUIRED TO DETERMINE THIS STATE'S ASSESSMENT BASE				
2.	Enter in Column 2, as a positive number, and Column 4, as a negative number, the total of all amounts received to fund allocated contracts established under Section 403(b) of the U.S. Internal Revenue Code that are included in Column 4, Line 1 above	XXX	0	XXX	0
3.	Unallocated funding obligations that do NOT fund government lotteries or employee, union, or association of natural persons benefit plans:				
	3.1 Amounts NOT in excess of $1 million per contract	XXX	XXX	XXX	0
	3.2 All amounts	XXX	XXX	XXX	0
4.	Unallocated funding obligations issued to fund government lotteries or employee, union, or association of natural persons benefit plans which are NOT:				
	(a) governmental retirement plans established under Sections 401, 403(b) or 457 of the U.S. Internal Revenue Code, or				
	(b) protected by the Federal Pension Benefit Guaranty Corporation:				
	4.1 Amounts NOT in excess of $1 million per contract	XXX	XXX	XXX	0
	4.2 Amounts in excess of $1 million but NOT in excess of $5 million per contract	XXX	XXX	XXX	0
	4.3 Amounts in excess of $5 million per contract	XXX	XXX	XXX	0
	4.4 Total (Lines 4.1 + 4.2 + 4.3)	XXX	XXX	XXX	0
	4.5 Amounts up to $7.5 million, per contract (Minnesota only)	XXX	XXX	XXX	0
5.	Unallocated funding obligations issued to fund governmental retirement plans established under Sections 401 and 457 of the U.S. Internal Revenue Code:				
	5.1 Amounts in excess of $1 million per contract	XXX	XXX	XXX	0
	5.2 All amounts	XXX	XXX	XXX	0
	5.3 Amounts in excess of $2 million per contract (New Jersey Only)	XXX	XXX	XXX	0
	5.4 Amounts not in excess of $7.5 million per contract (Minnesota Only)	XXX	XXX	XXX	0
6.	Unallocated funding obligations issued to fund governmental retirement plans established under Sections 403(b) of the U.S. Internal Revenue Code:				
	6.1 Amounts NOT in excess of $1 million per contract	XXX	XXX	XXX	0
	6.2 Amounts in excess of $1 million per contract	XXX	XXX	XXX	0
	6.3 Total (Lines 6.1 + 6.2)	XXX	XXX	XXX	0
	6.4 Amounts in excess of $2 million per contract (New Jersey Only)	XXX	XXX	XXX	0
	6.5 Amounts not in excess of $7.5 million per contract (Minnesota Only)	XXX	XXX	XXX	0
7.	Unallocated funding obligations that fund employee, union, or association of natural persons benefit plans protected by the Federal Pension Benefit Guaranty Corporation:				
	7.1 Amounts NOT in excess of $1 million per contract	XXX	XXX	XXX	0
	7.2 All amounts	XXX	XXX	XXX	0
	7.3 Amounts NOT in excess of $2 million per contract (New Jersey only)	XXX	XXX	XXX	0
8.	Unallocated funding obligations issued to fund government lotteries NOT in excess of $5 million per contractholder (New Jersey Only)	XXX	XXX	XXX	0
9.	Unallocated funding obligations that fund employee or association of natural persons benefit plans in excess of $2 million but NOT in excess of $5 million per contract (New Jersey Only)	XXX	XXX	XXX	0
10.	Aggregate write-ins for other deductions	0	0	0	0
	BASE				
11.	Current Year (2018)	138,502	0	116,669,630	0
	DETAILS OF WRITE-INS				
1001.					
1002.					
1003.					
1098.	Summary of remaining write-ins for Line 10 from overflow page	0	0	0	0
1099.	Totals (Lines 1001 thru 1003 plus 1098)(Line 10 above)	0	0	0	0



LIFE, HEALTH & ANNUITY GUARANTY ASSOCIATION MODEL ACT ASSESSMENT BASE RECONCILIATION EXHIBIT

FOR THE YEAR ENDED DECEMBER 31, 2018
(To Be Filed by April 1)

OF THE UnitedHealthcare Insurance Company NAIC COMPANY CODE 79413

DIRECT BUSINESS IN THE STATE OF: Maryland

	PREMIUMS, CONSIDERATIONS AND DEPOSITS	1 Life Insurance Premiums	2 Annuity Considerations	3 A & H Premiums	4 Deposit-Type Contract Funds and Other Considerations
1.	Premiums, considerations and deposits from Schedule T or Exhibit of Premiums and Losses	2,828,888	0	1,151,118,122	0
2.	Premiums, considerations and deposits NOT reported in Schedule T or Exhibit of Premiums and Losses, including investment contract receipts credited to a liability account	0	0	0	0
	2.1 Contract fees for variable contracts with guarantees	0	0	0	0
	2.2 Any other premiums, considerations and deposits not reported in Schedule T or Exhibit of Premiums and Losses	0	0	0	0
3.	Amounts, if applicable, that were deducted prior to determining amounts included in Lines 1 or 2 which are in the following categories:				
	3.1 Transfers to guaranteed Separate Accounts	0	0	0	0
	3.2 Roll over of GICs or annuities into other companies	0	0	0	0
	3.3 Surrenders or other benefits paid out	0	0	0	0
	3.4 Excess interest credited to accounts	0	0	0	0
	3.5 Aggregate write-ins for other amounts deducted prior to determining amounts included in Lines 1 or 2	0	0	0	0
	3.99 Total (Lines 3.1 through 3.5)	0	0	0	0
4.	Transfers:				
	4.1 Enter in Column 2, as a negative number, and Column 4, as a positive number, the total of all amounts received to fund contracts established under Section 403(b) of the U.S. Internal Revenue Code, that are included in Column 2, Lines 1, 2 and 3.99	0	0	0	0
	4.2 Enter in Column 2, as a positive number, and Column 4, as a negative number, any amounts reported in Column 4, Lines 1, 2 and 3.99 that are allocated. (Note: amounts received to fund contracts established under Section 403(b) of the U.S. Internal Revenue Code, should not be included in line 4.2)	0	0	0	0
	4.3 Enter in Column 4, as a positive number, and Column 2, as a negative number, any amounts reported in Column 2, Lines 1, 2 and 3.99 that are unallocated	0	0	0	0
	4.99 Total (Lines 4.1 + 4.2 + 4.3)	0	0	0	0
5.	Total (Lines 1 + 2 + 3.99 + 4.99)	2,828,888	0	1,151,118,122	0
	DEVELOPMENT OF AMOUNTS INCLUDED IN LINES 1 THROUGH 5 THAT SHOULD BE DEDUCTED IN DETERMINING THE BASE Do not include any amount more than once in Lines 6 through 9				
6.	Aggregate write-ins for amounts where the insurer is not subject to risk. Premiums for portions of policies or contracts NOT guaranteed or under which the entire investment risk is borne by the policyholder. (Please specify such deductions and indicate where such amounts were reported in the Annual Statement)	0	0	0	0
7.	Amounts NOT allocated to individuals or individual certificate holders or amounts received for such contracts in excess of limits:				
	7.1 Unallocated funding obligations that do NOT fund government lotteries or employee, union, or association of natural persons benefit plans	XXX	XXX	XXX	0
	7.2 Unallocated funding obligations that fund any employee, union, or association of natural persons benefit plans protected by the Federal Pension Benefit Guaranty Corporation	XXX	XXX	XXX	0
	7.3 Unallocated funding obligations that fund governmental lotteries or employee, union, or association of natural persons benefit plans in excess of $5 million per contract which are NOT: (a) government retirement plans established under Sections 401, 403(b) or 457 of the U.S. Internal Revenue Code, or (b) protected by the Federal Pension Benefit Guaranty Corporation	XXX	XXX	XXX	0
	7.4 Total (Lines 7.1 + 7.2 + 7.3)	XXX	XXX	XXX	0
8.	Dividends/Experience rating credits paid or credited, but only if NOT guaranteed in advance (include only amounts NOT already deducted in determining Lines 1 and 2)	0	0	0	0
9.	Aggregate write-ins for Other Deductions	0	0	187,566,126	0
10.	Total (Lines 6 + 7.4 + 8 + 9)	0	0	187,566,126	0
	MODEL ACT BASE (Line 5 minus Line 10)				
11.	Current Year	2,828,888	0	963,551,996	0
	DETAILS OF WRITE-INS				
3.501.					
3.502.					
3.503.					
3.598.	Summary of remaining write-ins for Line 3.5 from overflow page	0	0	0	0
3.599.	Totals (Lines 3.501 thru 3.503 plus 3.598)(Line 3.5 above)	0	0	0	0
0601.					
0602.					
0603.					
0698.	Summary of remaining write-ins for Line 6 from overflow page	0	0	0	0
0699.	Totals (Lines 0601 thru 0603 plus 0698)(Line 6 above)	0	0	0	0
0901.	Medicare Part C & D	0	0	170,913,842	0
0902.	Stop Loss	0	0	16,652,284	0
0903.	Medicaid	0	0	0	0
0998.	Summary of remaining write-ins for Line 9 from overflow page	0	0	0	0
0999.	Totals (Lines 0901 thru 0903 plus 0998)(Line 9 above)	0	0	187,566,126	0

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ADJUSTMENTS TO THE LIFE, HEALTH & ANNUITY GUARANTY ASSOCIATION MODEL ACT ASSESSMENT BASE RECONCILIATION EXHIBIT

FOR THE YEAR ENDED DECEMBER 31, 2018
(To Be Filed by April 1)

OF THE UnitedHealthcare Insurance Company NAIC COMPANY CODE 79413

DIRECT BUSINESS IN THE STATE OF: Maryland

		1 Life Insurance Premiums	2 Allocated Annuity and Other Allocated Fund Deposits	3 Accident & Health Premium	4 Unallocated Annuity & Other Unallocated Fund Deposits
1.	MODEL ACT BASE (Line 11 of the Reconciliation Exhibit)	2,828,888	0	963,551,996	0
	AMOUNTS REQUIRED TO DETERMINE THIS STATE'S ASSESSMENT BASE				
2.	Enter in Column 2, as a positive number, and Column 4, as a negative number, the total of all amounts received to fund allocated contracts established under Section 403(b) of the U.S. Internal Revenue Code that are included in Column 4, Line 1 above	XXX	0	XXX	0
3.	Unallocated funding obligations that do NOT fund government lotteries or employee, union, or association of natural persons benefit plans:				
	3.1 Amounts NOT in excess of $1 million per contract	XXX	XXX	XXX	0
	3.2 All amounts	XXX	XXX	XXX	0
4.	Unallocated funding obligations issued to fund government lotteries or employee, union, or association of natural persons benefit plans which are NOT:				
	(a) governmental retirement plans established under Sections 401, 403(b) or 457 of the U.S. Internal Revenue Code, or				
	(b) protected by the Federal Pension Benefit Guaranty Corporation:				
	4.1 Amounts NOT in excess of $1 million per contract	XXX	XXX	XXX	0
	4.2 Amounts in excess of $1 million but NOT in excess of $5 million per contract	XXX	XXX	XXX	0
	4.3 Amounts in excess of $5 million per contract	XXX	XXX	XXX	0
	4.4 Total (Lines 4.1 + 4.2 + 4.3)	XXX	XXX	XXX	0
	4.5 Amounts up to $7.5 million, per contract (Minnesota only)	XXX	XXX	XXX	0
5.	Unallocated funding obligations issued to fund governmental retirement plans established under Sections 401 and 457 of the U.S. Internal Revenue Code:				
	5.1 Amounts in excess of $1 million per contract	XXX	XXX	XXX	0
	5.2 All amounts	XXX	XXX	XXX	0
	5.3 Amounts in excess of $2 million per contract (New Jersey Only)	XXX	XXX	XXX	0
	5.4 Amounts not in excess of $7.5 million per contract (Minnesota Only)	XXX	XXX	XXX	0
6.	Unallocated funding obligations issued to fund governmental retirement plans established under Sections 403(b) of the U.S. Internal Revenue Code:				
	6.1 Amounts NOT in excess of $1 million per contract	XXX	XXX	XXX	0
	6.2 Amounts in excess of $1 million per contract	XXX	XXX	XXX	0
	6.3 Total (Lines 6.1 + 6.2)	XXX	XXX	XXX	0
	6.4 Amounts in excess of $2 million per contract (New Jersey Only)	XXX	XXX	XXX	0
	6.5 Amounts not in excess of $7.5 million per contract (Minnesota Only)	XXX	XXX	XXX	0
7.	Unallocated funding obligations that fund employee, union, or association of natural persons benefit plans protected by the Federal Pension Benefit Guaranty Corporation:				
	7.1 Amounts NOT in excess of $1 million per contract	XXX	XXX	XXX	0
	7.2 All amounts	XXX	XXX	XXX	0
	7.3 Amounts NOT in excess of $2 million per contract (New Jersey only)	XXX	XXX	XXX	0
8.	Unallocated funding obligations issued to fund government lotteries NOT in excess of $5 million per contractholder (New Jersey Only)	XXX	XXX	XXX	0
9.	Unallocated funding obligations that fund employee or association of natural persons benefit plans in excess of $2 million but NOT in excess of $5 million per contract (New Jersey Only)	XXX	XXX	XXX	0
10.	Aggregate write-ins for other deductions	0	0	0	0
	BASE				
11.	Current Year (2018)	2,828,888	0	963,551,996	0
	DETAILS OF WRITE-INS				
1001.					
1002.					
1003.					
1098.	Summary of remaining write-ins for Line 10 from overflow page	0	0	0	0
1099.	Totals (Lines 1001 thru 1003 plus 1098)(Line 10 above)	0	0	0	0



LIFE, HEALTH & ANNUITY GUARANTY ASSOCIATION MODEL ACT ASSESSMENT BASE RECONCILIATION EXHIBIT

FOR THE YEAR ENDED DECEMBER 31, 2018
(To Be Filed by April 1)

OF THE UnitedHealthcare Insurance Company NAIC COMPANY CODE 79413

DIRECT BUSINESS IN THE STATE OF: Massachusetts

	PREMIUMS, CONSIDERATIONS AND DEPOSITS	1 Life Insurance Premiums	2 Annuity Considerations	3 A & H Premiums	4 Deposit-Type Contract Funds and Other Considerations
1.	Premiums, considerations and deposits from Schedule T or Exhibit of Premiums and Losses	1,081,378	0	1,216,728,541	0
2.	Premiums, considerations and deposits NOT reported in Schedule T or Exhibit of Premiums and Losses, including investment contract receipts credited to a liability account	0	0	0	0
	2.1 Contract fees for variable contracts with guarantees	0	0	0	0
	2.2 Any other premiums, considerations and deposits not reported in Schedule T or Exhibit of Premiums and Losses	0	0	0	0
3.	Amounts, if applicable, that were deducted prior to determining amounts included in Lines 1 or 2 which are in the following categories:				
	3.1 Transfers to guaranteed Separate Accounts	0	0	0	0
	3.2 Roll over of GICs or annuities into other companies	0	0	0	0
	3.3 Surrenders or other benefits paid out	0	0	0	0
	3.4 Excess interest credited to accounts	0	0	0	0
	3.5 Aggregate write-ins for other amounts deducted prior to determining amounts included in Lines 1 or 2	0	0	0	0
	3.99 Total (Lines 3.1 through 3.5)	0	0	0	0
4.	Transfers:				
	4.1 Enter in Column 2, as a negative number, and Column 4, as a positive number, the total of all amounts received to fund contracts established under Section 403(b) of the U.S. Internal Revenue Code, that are included in Column 2, Lines 1, 2 and 3.99	0	0	0	0
	4.2 Enter in Column 2, as a positive number, and Column 4, as a negative number, any amounts reported in Column 4, Lines 1, 2 and 3.99 that are allocated. (Note: amounts received to fund contracts established under Section 403(b) of the U.S. Internal Revenue Code, should not be included in line 4.2)	0	0	0	0
	4.3 Enter in Column 4, as a positive number, and Column 2, as a negative number, any amounts reported in Column 2, Lines 1, 2 and 3.99 that are unallocated	0	0	0	0
	4.99 Total (Lines 4.1 + 4.2 + 4.3)	0	0	0	0
5.	Total (Lines 1 + 2 + 3.99 + 4.99)	1,081,378	0	1,216,728,541	0
	DEVELOPMENT OF AMOUNTS INCLUDED IN LINES 1 THROUGH 5 THAT SHOULD BE DEDUCTED IN DETERMINING THE BASE Do not include any amount more than once in Lines 6 through 9				
6.	Aggregate write-ins for amounts where the insurer is not subject to risk. Premiums for portions of policies or contracts NOT guaranteed or under which the entire investment risk is borne by the policyholder. (Please specify such deductions and indicate where such amounts were reported in the Annual Statement)	0	0	0	0
7.	Amounts NOT allocated to individuals or individual certificate holders or amounts received for such contracts in excess of limits:				
	7.1 Unallocated funding obligations that do NOT fund government lotteries or employee, union, or association of natural persons benefit plans	XXX	XXX	XXX	0
	7.2 Unallocated funding obligations that fund any employee, union, or association of natural persons benefit plans protected by the Federal Pension Benefit Guaranty Corporation	XXX	XXX	XXX	0
	7.3 Unallocated funding obligations that fund governmental lotteries or employee, union, or association of natural persons benefit plans in excess of $5 million per contract which are NOT: (a) government retirement plans established under Sections 401, 403(b) or 457 of the U.S. Internal Revenue Code, or (b) protected by the Federal Pension Benefit Guaranty Corporation	XXX	XXX	XXX	0
	7.4 Total (Lines 7.1 + 7.2 + 7.3)	XXX	XXX	XXX	0
8.	Dividends/Experience rating credits paid or credited, but only if NOT guaranteed in advance (include only amounts NOT already deducted in determining Lines 1 and 2)	0	0	0	0
9.	Aggregate write-ins for Other Deductions	0	0	182,929,180	0
10.	Total (Lines 6 + 7.4 + 8 + 9)	0	0	182,929,180	0
	MODEL ACT BASE (Line 5 minus Line 10)				
11.	Current Year	1,081,378	0	1,033,799,361	0
	DETAILS OF WRITE-INS				
3.501.					
3.502.					
3.503.					
3.598.	Summary of remaining write-ins for Line 3.5 from overflow page	0	0	0	0
3.599.	Totals (Lines 3.501 thru 3.503 plus 3.598)(Line 3.5 above)	0	0	0	0
0601.					
0602.					
0603.					
0698.	Summary of remaining write-ins for Line 6 from overflow page	0	0	0	0
0699.	Totals (Lines 0601 thru 0603 plus 0698)(Line 6 above)	0	0	0	0
0901.	Medicare Part C & D	0	0	169,807,434	0
0902.	Stop Loss	0	0	13,121,746	0
0903.	Medicaid	0	0	0	0
0998.	Summary of remaining write-ins for Line 9 from overflow page	0	0	0	0
0999.	Totals (Lines 0901 thru 0903 plus 0998)(Line 9 above)	0	0	182,929,180	0

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ADJUSTMENTS TO THE LIFE, HEALTH & ANNUITY GUARANTY ASSOCIATION MODEL ACT ASSESSMENT BASE RECONCILIATION EXHIBIT

FOR THE YEAR ENDED DECEMBER 31, 2018
(To Be Filed by April 1)

OF THE UnitedHealthcare Insurance Company NAIC COMPANY CODE 79413

DIRECT BUSINESS IN THE STATE OF: Massachusetts

		1 Life Insurance Premiums	2 Allocated Annuity and Other Allocated Fund Deposits	3 Accident & Health Premium	4 Unallocated Annuity & Other Unallocated Fund Deposits
1.	MODEL ACT BASE (Line 11 of the Reconciliation Exhibit)	1,081,378	0	1,033,799,361	0
	AMOUNTS REQUIRED TO DETERMINE THIS STATE'S ASSESSMENT BASE				
2.	Enter in Column 2, as a positive number, and Column 4, as a negative number, the total of all amounts received to fund allocated contracts established under Section 403(b) of the U.S. Internal Revenue Code that are included in Column 4, Line 1 above	XXX	0	XXX	0
3.	Unallocated funding obligations that do NOT fund government lotteries or employee, union, or association of natural persons benefit plans:				
	3.1 Amounts NOT in excess of $1 million per contract	XXX	XXX	XXX	0
	3.2 All amounts	XXX	XXX	XXX	0
4.	Unallocated funding obligations issued to fund government lotteries or employee, union, or association of natural persons benefit plans which are NOT:				
	(a) governmental retirement plans established under Sections 401, 403(b) or 457 of the U.S. Internal Revenue Code, or				
	(b) protected by the Federal Pension Benefit Guaranty Corporation:				
	4.1 Amounts NOT in excess of $1 million per contract	XXX	XXX	XXX	0
	4.2 Amounts in excess of $1 million but NOT in excess of $5 million per contract	XXX	XXX	XXX	0
	4.3 Amounts in excess of $5 million per contract	XXX	XXX	XXX	0
	4.4 Total (Lines 4.1 + 4.2 + 4.3)	XXX	XXX	XXX	0
	4.5 Amounts up to $7.5 million, per contract (Minnesota only)	XXX	XXX	XXX	0
5.	Unallocated funding obligations issued to fund governmental retirement plans established under Sections 401 and 457 of the U.S. Internal Revenue Code:				
	5.1 Amounts in excess of $1 million per contract	XXX	XXX	XXX	0
	5.2 All amounts	XXX	XXX	XXX	0
	5.3 Amounts in excess of $2 million per contract (New Jersey Only)	XXX	XXX	XXX	0
	5.4 Amounts not in excess of $7.5 million per contract (Minnesota Only)	XXX	XXX	XXX	0
6.	Unallocated funding obligations issued to fund governmental retirement plans established under Sections 403(b) of the U.S. Internal Revenue Code:				
	6.1 Amounts NOT in excess of $1 million per contract	XXX	XXX	XXX	0
	6.2 Amounts in excess of $1 million per contract	XXX	XXX	XXX	0
	6.3 Total (Lines 6.1 + 6.2)	XXX	XXX	XXX	0
	6.4 Amounts in excess of $2 million per contract (New Jersey Only)	XXX	XXX	XXX	0
	6.5 Amounts not in excess of $7.5 million per contract (Minnesota Only)	XXX	XXX	XXX	0
7.	Unallocated funding obligations that fund employee, union, or association of natural persons benefit plans protected by the Federal Pension Benefit Guaranty Corporation:				
	7.1 Amounts NOT in excess of $1 million per contract	XXX	XXX	XXX	0
	7.2 All amounts	XXX	XXX	XXX	0
	7.3 Amounts NOT in excess of $2 million per contract (New Jersey only)	XXX	XXX	XXX	0
8.	Unallocated funding obligations issued to fund government lotteries NOT in excess of $5 million per contractholder (New Jersey Only)	XXX	XXX	XXX	0
9.	Unallocated funding obligations that fund employee or association of natural persons benefit plans in excess of $2 million but NOT in excess of $5 million per contract (New Jersey Only)	XXX	XXX	XXX	0
10.	Aggregate write-ins for other deductions	0	0	0	0
	BASE				
11.	Current Year (2018)	1,081,378	0	1,033,799,361	0
	DETAILS OF WRITE-INS				
1001.					
1002.					
1003.					
1098.	Summary of remaining write-ins for Line 10 from overflow page	0	0	0	0
1099.	Totals (Lines 1001 thru 1003 plus 1098)(Line 10 above)	0	0	0	0



LIFE, HEALTH & ANNUITY GUARANTY ASSOCIATION MODEL ACT ASSESSMENT BASE RECONCILIATION EXHIBIT

FOR THE YEAR ENDED DECEMBER 31, 2018
(To Be Filed by April 1)

OF THE UnitedHealthcare Insurance Company NAIC COMPANY CODE 79413

DIRECT BUSINESS IN THE STATE OF: Michigan

	PREMIUMS, CONSIDERATIONS AND DEPOSITS	1 Life Insurance Premiums	2 Annuity Considerations	3 A & H Premiums	4 Deposit-Type Contract Funds and Other Considerations
1.	Premiums, considerations and deposits from Schedule T or Exhibit of Premiums and Losses	1,910,695	0	813,122,803	0
2.	Premiums, considerations and deposits NOT reported in Schedule T or Exhibit of Premiums and Losses, including investment contract receipts credited to a liability account	0	0	0	0
	2.1 Contract fees for variable contracts with guarantees	0	0	0	0
	2.2 Any other premiums, considerations and deposits not reported in Schedule T or Exhibit of Premiums and Losses	0	0	0	0
3.	Amounts, if applicable, that were deducted prior to determining amounts included in Lines 1 or 2 which are in the following categories:				
	3.1 Transfers to guaranteed Separate Accounts	0	0	0	0
	3.2 Roll over of GICs or annuities into other companies	0	0	0	0
	3.3 Surrenders or other benefits paid out	0	0	0	0
	3.4 Excess interest credited to accounts	0	0	0	0
	3.5 Aggregate write-ins for other amounts deducted prior to determining amounts included in Lines 1 or 2	0	0	0	0
	3.99 Total (Lines 3.1 through 3.5)	0	0	0	0
4.	Transfers:				
	4.1 Enter in Column 2, as a negative number, and Column 4, as a positive number, the total of all amounts received to fund contracts established under Section 403(b) of the U.S. Internal Revenue Code, that are included in Column 2, Lines 1, 2 and 3.99	0	0	0	0
	4.2 Enter in Column 2, as a positive number, and Column 4, as a negative number, any amounts reported in Column 4, Lines 1, 2 and 3.99 that are allocated. (Note: amounts received to fund contracts established under Section 403(b) of the U.S. Internal Revenue Code, should not be included in line 4.2)	0	0	0	0
	4.3 Enter in Column 4, as a positive number, and Column 2, as a negative number, any amounts reported in Column 2, Lines 1, 2 and 3.99 that are unallocated	0	0	0	0
	4.99 Total (Lines 4.1 + 4.2 + 4.3)	0	0	0	0
5.	Total (Lines 1 + 2 + 3.99 + 4.99)	1,910,695	0	813,122,803	0
	DEVELOPMENT OF AMOUNTS INCLUDED IN LINES 1 THROUGH 5 THAT SHOULD BE DEDUCTED IN DETERMINING THE BASE Do not include any amount more than once in Lines 6 through 9				
6.	Aggregate write-ins for amounts where the insurer is not subject to risk. Premiums for portions of policies or contracts NOT guaranteed or under which the entire investment risk is borne by the policyholder. (Please specify such deductions and indicate where such amounts were reported in the Annual Statement)	0	0	0	0
7.	Amounts NOT allocated to individuals or individual certificate holders or amounts received for such contracts in excess of limits:				
	7.1 Unallocated funding obligations that do NOT fund government lotteries or employee, union, or association of natural persons benefit plans	XXX	XXX	XXX	0
	7.2 Unallocated funding obligations that fund any employee, union, or association of natural persons benefit plans protected by the Federal Pension Benefit Guaranty Corporation	XXX	XXX	XXX	0
	7.3 Unallocated funding obligations that fund governmental lotteries or employee, union, or association of natural persons benefit plans in excess of $5 million per contract which are NOT: (a) government retirement plans established under Sections 401, 403(b) or 457 of the U.S. Internal Revenue Code, or (b) protected by the Federal Pension Benefit Guaranty Corporation	XXX	XXX	XXX	0
	7.4 Total (Lines 7.1 + 7.2 + 7.3)	XXX	XXX	XXX	0
8.	Dividends/Experience rating credits paid or credited, but only if NOT guaranteed in advance (include only amounts NOT already deducted in determining Lines 1 and 2)	0	0	0	0
9.	Aggregate write-ins for Other Deductions	0	0	99,482,730	0
10.	Total (Lines 6 + 7.4 + 8 + 9)	0	0	99,482,730	0
	MODEL ACT BASE (Line 5 minus Line 10)				
11.	Current Year	1,910,695	0	713,640,073	0
	DETAILS OF WRITE-INS				
3.501.					
3.502.					
3.503.					
3.598.	Summary of remaining write-ins for Line 3.5 from overflow page	0	0	0	0
3.599.	Totals (Lines 3.501 thru 3.503 plus 3.598)(Line 3.5 above)	0	0	0	0
0601.					
0602.					
0603.					
0698.	Summary of remaining write-ins for Line 6 from overflow page	0	0	0	0
0699.	Totals (Lines 0601 thru 0603 plus 0698)(Line 6 above)	0	0	0	0
0901.	Medicare Part C & D	0	0	99,482,730	0
0902.	Stop Loss	0	0	0	0
0903.	Medicaid	0	0	0	0
0998.	Summary of remaining write-ins for Line 9 from overflow page	0	0	0	0
0999.	Totals (Lines 0901 thru 0903 plus 0998)(Line 9 above)	0	0	99,482,730	0



ADJUSTMENTS TO THE LIFE, HEALTH & ANNUITY GUARANTY ASSOCIATION MODEL ACT ASSESSMENT BASE RECONCILIATION EXHIBIT

FOR THE YEAR ENDED DECEMBER 31, 2018
(To Be Filed by April 1)

OF THE UnitedHealthcare Insurance Company NAIC COMPANY CODE 79413

DIRECT BUSINESS IN THE STATE OF: Michigan

		1 Life Insurance Premiums	2 Allocated Annuity and Other Allocated Fund Deposits	3 Accident & Health Premium	4 Unallocated Annuity & Other Unallocated Fund Deposits
1.	MODEL ACT BASE (Line 11 of the Reconciliation Exhibit)	1,910,695	0	713,640,073	0
	AMOUNTS REQUIRED TO DETERMINE THIS STATE'S ASSESSMENT BASE				
2.	Enter in Column 2, as a positive number, and Column 4, as a negative number, the total of all amounts received to fund allocated contracts established under Section 403(b) of the U.S. Internal Revenue Code that are included in Column 4, Line 1 above	XXX	0	XXX	0
3.	Unallocated funding obligations that do NOT fund government lotteries or employee, union, or association of natural persons benefit plans:				
	3.1 Amounts NOT in excess of $1 million per contract	XXX	XXX	XXX	0
	3.2 All amounts	XXX	XXX	XXX	0
4.	Unallocated funding obligations issued to fund government lotteries or employee, union, or association of natural persons benefit plans which are NOT:				
	(a) governmental retirement plans established under Sections 401, 403(b) or 457 of the U.S. Internal Revenue Code, or				
	(b) protected by the Federal Pension Benefit Guaranty Corporation:				
	4.1 Amounts NOT in excess of $1 million per contract	XXX	XXX	XXX	0
	4.2 Amounts in excess of $1 million but NOT in excess of $5 million per contract	XXX	XXX	XXX	0
	4.3 Amounts in excess of $5 million per contract	XXX	XXX	XXX	0
	4.4 Total (Lines 4.1 + 4.2 + 4.3)	XXX	XXX	XXX	0
	4.5 Amounts up to $7.5 million, per contract (Minnesota only)	XXX	XXX	XXX	0
5.	Unallocated funding obligations issued to fund governmental retirement plans established under Sections 401 and 457 of the U.S. Internal Revenue Code:				
	5.1 Amounts in excess of $1 million per contract	XXX	XXX	XXX	0
	5.2 All amounts	XXX	XXX	XXX	0
	5.3 Amounts in excess of $2 million per contract (New Jersey Only)	XXX	XXX	XXX	0
	5.4 Amounts not in excess of $7.5 million per contract (Minnesota Only)	XXX	XXX	XXX	0
6.	Unallocated funding obligations issued to fund governmental retirement plans established under Sections 403(b) of the U.S. Internal Revenue Code:				
	6.1 Amounts NOT in excess of $1 million per contract	XXX	XXX	XXX	0
	6.2 Amounts in excess of $1 million per contract	XXX	XXX	XXX	0
	6.3 Total (Lines 6.1 + 6.2)	XXX	XXX	XXX	0
	6.4 Amounts in excess of $2 million per contract (New Jersey Only)	XXX	XXX	XXX	0
	6.5 Amounts not in excess of $7.5 million per contract (Minnesota Only)	XXX	XXX	XXX	0
7.	Unallocated funding obligations that fund employee, union, or association of natural persons benefit plans protected by the Federal Pension Benefit Guaranty Corporation:				
	7.1 Amounts NOT in excess of $1 million per contract	XXX	XXX	XXX	0
	7.2 All amounts	XXX	XXX	XXX	0
	7.3 Amounts NOT in excess of $2 million per contract (New Jersey only)	XXX	XXX	XXX	0
8.	Unallocated funding obligations issued to fund government lotteries NOT in excess of $5 million per contractholder (New Jersey Only)	XXX	XXX	XXX	0
9.	Unallocated funding obligations that fund employee or association of natural persons benefit plans in excess of $2 million but NOT in excess of $5 million per contract (New Jersey Only)	XXX	XXX	XXX	0
10.	Aggregate write-ins for other deductions	0	0	0	0
	BASE				
11.	Current Year (2018)	1,910,695	0	713,640,073	0
	DETAILS OF WRITE-INS				
1001.					
1002.					
1003.					
1098.	Summary of remaining write-ins for Line 10 from overflow page	0	0	0	0
1099.	Totals (Lines 1001 thru 1003 plus 1098)(Line 10 above)	0	0	0	0



LIFE, HEALTH & ANNUITY GUARANTY ASSOCIATION MODEL ACT ASSESSMENT BASE RECONCILIATION EXHIBIT

FOR THE YEAR ENDED DECEMBER 31, 2018
(To Be Filed by April 1)

OF THE UnitedHealthcare Insurance Company NAIC COMPANY CODE 79413

DIRECT BUSINESS IN THE STATE OF: Minnesota

	PREMIUMS, CONSIDERATIONS AND DEPOSITS	1 Life Insurance Premiums	2 Annuity Considerations	3 A & H Premiums	4 Deposit-Type Contract Funds and Other Considerations
1.	Premiums, considerations and deposits from Schedule T or Exhibit of Premiums and Losses	9,890,585	0	193,781,193	0
2.	Premiums, considerations and deposits NOT reported in Schedule T or Exhibit of Premiums and Losses, including investment contract receipts credited to a liability account	0	0	0	0
	2.1 Contract fees for variable contracts with guarantees	0	0	0	0
	2.2 Any other premiums, considerations and deposits not reported in Schedule T or Exhibit of Premiums and Losses	0	0	0	0
3.	Amounts, if applicable, that were deducted prior to determining amounts included in Lines 1 or 2 which are in the following categories:				
	3.1 Transfers to guaranteed Separate Accounts	0	0	0	0
	3.2 Roll over of GICs or annuities into other companies	0	0	0	0
	3.3 Surrenders or other benefits paid out	0	0	0	0
	3.4 Excess interest credited to accounts	0	0	0	0
	3.5 Aggregate write-ins for other amounts deducted prior to determining amounts included in Lines 1 or 2	0	0	0	0
	3.99 Total (Lines 3.1 through 3.5)	0	0	0	0
4.	Transfers:				
	4.1 Enter in Column 2, as a negative number, and Column 4, as a positive number, the total of all amounts received to fund contracts established under Section 403(b) of the U.S. Internal Revenue Code, that are included in Column 2, Lines 1, 2 and 3.99	0	0	0	0
	4.2 Enter in Column 2, as a positive number, and Column 4, as a negative number, any amounts reported in Column 4, Lines 1, 2 and 3.99 that are allocated. (Note: amounts received to fund contracts established under Section 403(b) of the U.S. Internal Revenue Code, should not be included in line 4.2)	0	0	0	0
	4.3 Enter in Column 4, as a positive number, and Column 2, as a negative number, any amounts reported in Column 2, Lines 1, 2 and 3.99 that are unallocated	0	0	0	0
	4.99 Total (Lines 4.1 + 4.2 + 4.3)	0	0	0	0
5.	Total (Lines 1 + 2 + 3.99 + 4.99)	9,890,585	0	193,781,193	0
	DEVELOPMENT OF AMOUNTS INCLUDED IN LINES 1 THROUGH 5 THAT SHOULD BE DEDUCTED IN DETERMINING THE BASE Do not include any amount more than once in Lines 6 through 9				
6.	Aggregate write-ins for amounts where the insurer is not subject to risk. Premiums for portions of policies or contracts NOT guaranteed or under which the entire investment risk is borne by the policyholder. (Please specify such deductions and indicate where such amounts were reported in the Annual Statement)	0	0	0	0
7.	Amounts NOT allocated to individuals or individual certificate holders or amounts received for such contracts in excess of limits:				
	7.1 Unallocated funding obligations that do NOT fund government lotteries or employee, union, or association of natural persons benefit plans	XXX	XXX	XXX	0
	7.2 Unallocated funding obligations that fund any employee, union, or association of natural persons benefit plans protected by the Federal Pension Benefit Guaranty Corporation	XXX	XXX	XXX	0
	7.3 Unallocated funding obligations that fund governmental lotteries or employee, union, or association of natural persons benefit plans in excess of $5 million per contract which are NOT: (a) government retirement plans established under Sections 401, 403(b) or 457 of the U.S. Internal Revenue Code, or (b) protected by the Federal Pension Benefit Guaranty Corporation	XXX	XXX	XXX	0
	7.4 Total (Lines 7.1 + 7.2 + 7.3)	XXX	XXX	XXX	0
8.	Dividends/Experience rating credits paid or credited, but only if NOT guaranteed in advance (include only amounts NOT already deducted in determining Lines 1 and 2)	0	0	0	0
9.	Aggregate write-ins for Other Deductions	0	0	24,954,629	0
10.	Total (Lines 6 + 7.4 + 8 + 9)	0	0	24,954,629	0
	MODEL ACT BASE (Line 5 minus Line 10)				
11.	Current Year	9,890,585	0	168,826,564	0
	DETAILS OF WRITE-INS				
3.501.					
3.502.					
3.503.					
3.598.	Summary of remaining write-ins for Line 3.5 from overflow page	0	0	0	0
3.599.	Totals (Lines 3.501 thru 3.503 plus 3.598)(Line 3.5 above)	0	0	0	0
0601.					
0602.					
0603.					
0698.	Summary of remaining write-ins for Line 6 from overflow page	0	0	0	0
0699.	Totals (Lines 0601 thru 0603 plus 0698)(Line 6 above)	0	0	0	0
0901.	Medicare Part C & D	0	0	17,036,715	0
0902.	Stop Loss	0	0	7,917,914	0
0903.	Medicaid	0	0	0	0
0998.	Summary of remaining write-ins for Line 9 from overflow page	0	0	0	0
0999.	Totals (Lines 0901 thru 0903 plus 0998)(Line 9 above)	0	0	24,954,629	0



ADJUSTMENTS TO THE LIFE, HEALTH & ANNUITY GUARANTY ASSOCIATION MODEL ACT ASSESSMENT BASE RECONCILIATION EXHIBIT

FOR THE YEAR ENDED DECEMBER 31, 2018
(To Be Filed by April 1)

OF THE UnitedHealthcare Insurance Company NAIC COMPANY CODE 79413

DIRECT BUSINESS IN THE STATE OF: Minnesota

		1 Life Insurance Premiums	2 Allocated Annuity and Other Allocated Fund Deposits	3 Accident & Health Premium	4 Unallocated Annuity & Other Unallocated Fund Deposits
1.	MODEL ACT BASE (Line 11 of the Reconciliation Exhibit)	9,890,585	0	168,826,564	0
	AMOUNTS REQUIRED TO DETERMINE THIS STATE'S ASSESSMENT BASE				
2.	Enter in Column 2, as a positive number, and Column 4, as a negative number, the total of all amounts received to fund allocated contracts established under Section 403(b) of the U.S. Internal Revenue Code that are included in Column 4, Line 1 above	XXX	0	XXX	0
3.	Unallocated funding obligations that do NOT fund government lotteries or employee, union, or association of natural persons benefit plans:				
	3.1 Amounts NOT in excess of $1 million per contract	XXX	XXX	XXX	0
	3.2 All amounts	XXX	XXX	XXX	0
4.	Unallocated funding obligations issued to fund government lotteries or employee, union, or association of natural persons benefit plans which are NOT:				
	(a) governmental retirement plans established under Sections 401, 403(b) or 457 of the U.S. Internal Revenue Code, or				
	(b) protected by the Federal Pension Benefit Guaranty Corporation:				
	4.1 Amounts NOT in excess of $1 million per contract	XXX	XXX	XXX	0
	4.2 Amounts in excess of $1 million but NOT in excess of $5 million per contract	XXX	XXX	XXX	0
	4.3 Amounts in excess of $5 million per contract	XXX	XXX	XXX	0
	4.4 Total (Lines 4.1 + 4.2 + 4.3)	XXX	XXX	XXX	0
	4.5 Amounts up to $7.5 million, per contract (Minnesota only)	XXX	XXX	XXX	0
5.	Unallocated funding obligations issued to fund governmental retirement plans established under Sections 401 and 457 of the U.S. Internal Revenue Code:				
	5.1 Amounts in excess of $1 million per contract	XXX	XXX	XXX	0
	5.2 All amounts	XXX	XXX	XXX	0
	5.3 Amounts in excess of $2 million per contract (New Jersey Only)	XXX	XXX	XXX	0
	5.4 Amounts not in excess of $7.5 million per contract (Minnesota Only)	XXX	XXX	XXX	0
6.	Unallocated funding obligations issued to fund governmental retirement plans established under Sections 403(b) of the U.S. Internal Revenue Code:				
	6.1 Amounts NOT in excess of $1 million per contract	XXX	XXX	XXX	0
	6.2 Amounts in excess of $1 million per contract	XXX	XXX	XXX	0
	6.3 Total (Lines 6.1 + 6.2)	XXX	XXX	XXX	0
	6.4 Amounts in excess of $2 million per contract (New Jersey Only)	XXX	XXX	XXX	0
	6.5 Amounts not in excess of $7.5 million per contract (Minnesota Only)	XXX	XXX	XXX	0
7.	Unallocated funding obligations that fund employee, union, or association of natural persons benefit plans protected by the Federal Pension Benefit Guaranty Corporation:				
	7.1 Amounts NOT in excess of $1 million per contract	XXX	XXX	XXX	0
	7.2 All amounts	XXX	XXX	XXX	0
	7.3 Amounts NOT in excess of $2 million per contract (New Jersey only)	XXX	XXX	XXX	0
8.	Unallocated funding obligations issued to fund government lotteries NOT in excess of $5 million per contractholder (New Jersey Only)	XXX	XXX	XXX	0
9.	Unallocated funding obligations that fund employee or association of natural persons benefit plans in excess of $2 million but NOT in excess of $5 million per contract (New Jersey Only)	XXX	XXX	XXX	0
10.	Aggregate write-ins for other deductions	0	0	0	0
	BASE				
11.	Current Year (2018)	9,890,585	0	168,826,564	0
	DETAILS OF WRITE-INS				
1001.					
1002.					
1003.					
1098.	Summary of remaining write-ins for Line 10 from overflow page	0	0	0	0
1099.	Totals (Lines 1001 thru 1003 plus 1098)(Line 10 above)	0	0	0	0



LIFE, HEALTH & ANNUITY GUARANTY ASSOCIATION MODEL ACT ASSESSMENT BASE RECONCILIATION EXHIBIT

FOR THE YEAR ENDED DECEMBER 31, 2018
(To Be Filed by April 1)

OF THE UnitedHealthcare Insurance Company NAIC COMPANY CODE 79413

DIRECT BUSINESS IN THE STATE OF: Mississippi

	PREMIUMS, CONSIDERATIONS AND DEPOSITS	1 Life Insurance Premiums	2 Annuity Considerations	3 A & H Premiums	4 Deposit-Type Contract Funds and Other Considerations
1.	Premiums, considerations and deposits from Schedule T or Exhibit of Premiums and Losses	1,181,024	0	350,376,503	0
2.	Premiums, considerations and deposits NOT reported in Schedule T or Exhibit of Premiums and Losses, including investment contract receipts credited to a liability account	0	0	0	0
	2.1 Contract fees for variable contracts with guarantees	0	0	0	0
	2.2 Any other premiums, considerations and deposits not reported in Schedule T or Exhibit of Premiums and Losses	0	0	0	0
3.	Amounts, if applicable, that were deducted prior to determining amounts included in Lines 1 or 2 which are in the following categories:				
	3.1 Transfers to guaranteed Separate Accounts	0	0	0	0
	3.2 Roll over of GICs or annuities into other companies	0	0	0	0
	3.3 Surrenders or other benefits paid out	0	0	0	0
	3.4 Excess interest credited to accounts	0	0	0	0
	3.5 Aggregate write-ins for other amounts deducted prior to determining amounts included in Lines 1 or 2	0	0	0	0
	3.99 Total (Lines 3.1 through 3.5)	0	0	0	0
4.	Transfers:				
	4.1 Enter in Column 2, as a negative number, and Column 4, as a positive number, the total of all amounts received to fund contracts established under Section 403(b) of the U.S. Internal Revenue Code, that are included in Column 2, Lines 1, 2 and 3.99	0	0	0	0
	4.2 Enter in Column 2, as a positive number, and Column 4, as a negative number, any amounts reported in Column 4, Lines 1, 2 and 3.99 that are allocated. (Note: amounts received to fund contracts established under Section 403(b) of the U.S. Internal Revenue Code, should not be included in line 4.2)	0	0	0	0
	4.3 Enter in Column 4, as a positive number, and Column 2, as a negative number, any amounts reported in Column 2, Lines 1, 2 and 3.99 that are unallocated	0	0	0	0
	4.99 Total (Lines 4.1 + 4.2 + 4.3)	0	0	0	0
5.	Total (Lines 1 + 2 + 3.99 + 4.99)	1,181,024	0	350,376,503	0
	DEVELOPMENT OF AMOUNTS INCLUDED IN LINES 1 THROUGH 5 THAT SHOULD BE DEDUCTED IN DETERMINING THE BASE Do not include any amount more than once in Lines 6 through 9				
6.	Aggregate write-ins for amounts where the insurer is not subject to risk. Premiums for portions of policies or contracts NOT guaranteed or under which the entire investment risk is borne by the policyholder. (Please specify such deductions and indicate where such amounts were reported in the Annual Statement)	0	0	0	0
7.	Amounts NOT allocated to individuals or individual certificate holders or amounts received for such contracts in excess of limits:				
	7.1 Unallocated funding obligations that do NOT fund government lotteries or employee, union, or association of natural persons benefit plans	XXX	XXX	XXX	0
	7.2 Unallocated funding obligations that fund any employee, union, or association of natural persons benefit plans protected by the Federal Pension Benefit Guaranty Corporation	XXX	XXX	XXX	0
	7.3 Unallocated funding obligations that fund governmental lotteries or employee, union, or association of natural persons benefit plans in excess of $5 million per contract which are NOT: (a) government retirement plans established under Sections 401, 403(b) or 457 of the U.S. Internal Revenue Code, or (b) protected by the Federal Pension Benefit Guaranty Corporation	XXX	XXX	XXX	0
	7.4 Total (Lines 7.1 + 7.2 + 7.3)	XXX	XXX	XXX	0
8.	Dividends/Experience rating credits paid or credited, but only if NOT guaranteed in advance (include only amounts NOT already deducted in determining Lines 1 and 2)	0	0	0	0
9.	Aggregate write-ins for Other Deductions	0	0	72,782,122	0
10.	Total (Lines 6 + 7.4 + 8 + 9)	0	0	72,782,122	0
	MODEL ACT BASE (Line 5 minus Line 10)				
11.	Current Year	1,181,024	0	277,594,381	0
	DETAILS OF WRITE-INS				
3.501.					
3.502.					
3.503.					
3.598.	Summary of remaining write-ins for Line 3.5 from overflow page	0	0	0	0
3.599.	Totals (Lines 3.501 thru 3.503 plus 3.598)(Line 3.5 above)	0	0	0	0
0601.					
0602.					
0603.					
0698.	Summary of remaining write-ins for Line 6 from overflow page	0	0	0	0
0699.	Totals (Lines 0601 thru 0603 plus 0698)(Line 6 above)	0	0	0	0
0901.	Medicare Part C & D	0	0	66,478,928	0
0902.	Stop Loss	0	0	6,303,194	0
0903.	Medicaid	0	0	0	0
0998.	Summary of remaining write-ins for Line 9 from overflow page	0	0	0	0
0999.	Totals (Lines 0901 thru 0903 plus 0998)(Line 9 above)	0	0	72,782,122	0

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ADJUSTMENTS TO THE LIFE, HEALTH & ANNUITY GUARANTY ASSOCIATION MODEL ACT ASSESSMENT BASE RECONCILIATION EXHIBIT

FOR THE YEAR ENDED DECEMBER 31, 2018
(To Be Filed by April 1)

OF THE UnitedHealthcare Insurance Company NAIC COMPANY CODE 79413

DIRECT BUSINESS IN THE STATE OF: Mississippi

		1 Life Insurance Premiums	2 Allocated Annuity and Other Allocated Fund Deposits	3 Accident & Health Premium	4 Unallocated Annuity & Other Unallocated Fund Deposits
1.	MODEL ACT BASE (Line 11 of the Reconciliation Exhibit)	1,181,024	0	277,594,381	0
	AMOUNTS REQUIRED TO DETERMINE THIS STATE'S ASSESSMENT BASE				
2.	Enter in Column 2, as a positive number, and Column 4, as a negative number, the total of all amounts received to fund allocated contracts established under Section 403(b) of the U.S. Internal Revenue Code that are included in Column 4, Line 1 above	XXX	0	XXX	0
3.	Unallocated funding obligations that do NOT fund government lotteries or employee, union, or association of natural persons benefit plans:				
	3.1 Amounts NOT in excess of $1 million per contract	XXX	XXX	XXX	0
	3.2 All amounts	XXX	XXX	XXX	0
4.	Unallocated funding obligations issued to fund government lotteries or employee, union, or association of natural persons benefit plans which are NOT:				
	(a) governmental retirement plans established under Sections 401, 403(b) or 457 of the U.S. Internal Revenue Code, or				
	(b) protected by the Federal Pension Benefit Guaranty Corporation:				
	4.1 Amounts NOT in excess of $1 million per contract	XXX	XXX	XXX	0
	4.2 Amounts in excess of $1 million but NOT in excess of $5 million per contract	XXX	XXX	XXX	0
	4.3 Amounts in excess of $5 million per contract	XXX	XXX	XXX	0
	4.4 Total (Lines 4.1 + 4.2 + 4.3)	XXX	XXX	XXX	0
	4.5 Amounts up to $7.5 million, per contract (Minnesota only)	XXX	XXX	XXX	0
5.	Unallocated funding obligations issued to fund governmental retirement plans established under Sections 401 and 457 of the U.S. Internal Revenue Code:				
	5.1 Amounts in excess of $1 million per contract	XXX	XXX	XXX	0
	5.2 All amounts	XXX	XXX	XXX	0
	5.3 Amounts in excess of $2 million per contract (New Jersey Only)	XXX	XXX	XXX	0
	5.4 Amounts not in excess of $7.5 million per contract (Minnesota Only)	XXX	XXX	XXX	0
6.	Unallocated funding obligations issued to fund governmental retirement plans established under Sections 403(b) of the U.S. Internal Revenue Code:				
	6.1 Amounts NOT in excess of $1 million per contract	XXX	XXX	XXX	0
	6.2 Amounts in excess of $1 million per contract	XXX	XXX	XXX	0
	6.3 Total (Lines 6.1 + 6.2)	XXX	XXX	XXX	0
	6.4 Amounts in excess of $2 million per contract (New Jersey Only)	XXX	XXX	XXX	0
	6.5 Amounts not in excess of $7.5 million per contract (Minnesota Only)	XXX	XXX	XXX	0
7.	Unallocated funding obligations that fund employee, union, or association of natural persons benefit plans protected by the Federal Pension Benefit Guaranty Corporation:				
	7.1 Amounts NOT in excess of $1 million per contract	XXX	XXX	XXX	0
	7.2 All amounts	XXX	XXX	XXX	0
	7.3 Amounts NOT in excess of $2 million per contract (New Jersey only)	XXX	XXX	XXX	0
8.	Unallocated funding obligations issued to fund government lotteries NOT in excess of $5 million per contractholder (New Jersey Only)	XXX	XXX	XXX	0
9.	Unallocated funding obligations that fund employee or association of natural persons benefit plans in excess of $2 million but NOT in excess of $5 million per contract (New Jersey Only)	XXX	XXX	XXX	0
10.	Aggregate write-ins for other deductions	0	0	0	0
	BASE				
11.	Current Year (2018)	1,181,024	0	277,594,381	0
	DETAILS OF WRITE-INS				
1001.					
1002.					
1003.					
1098.	Summary of remaining write-ins for Line 10 from overflow page	0	0	0	0
1099.	Totals (Lines 1001 thru 1003 plus 1098)(Line 10 above)	0	0	0	0



LIFE, HEALTH & ANNUITY GUARANTY ASSOCIATION MODEL ACT ASSESSMENT BASE RECONCILIATION EXHIBIT

FOR THE YEAR ENDED DECEMBER 31, 2018
(To Be Filed by April 1)

OF THE UnitedHealthcare Insurance Company NAIC COMPANY CODE 79413

DIRECT BUSINESS IN THE STATE OF: Missouri

	PREMIUMS, CONSIDERATIONS AND DEPOSITS	1 Life Insurance Premiums	2 Annuity Considerations	3 A & H Premiums	4 Deposit-Type Contract Funds and Other Considerations
1.	Premiums, considerations and deposits from Schedule T or Exhibit of Premiums and Losses	4,865,466	0	1,527,746,151	0
2.	Premiums, considerations and deposits NOT reported in Schedule T or Exhibit of Premiums and Losses, including investment contract receipts credited to a liability account	0	0	0	0
	2.1 Contract fees for variable contracts with guarantees	0	0	0	0
	2.2 Any other premiums, considerations and deposits not reported in Schedule T or Exhibit of Premiums and Losses	0	0	0	0
3.	Amounts, if applicable, that were deducted prior to determining amounts included in Lines 1 or 2 which are in the following categories:				
	3.1 Transfers to guaranteed Separate Accounts	0	0	0	0
	3.2 Roll over of GICs or annuities into other companies	0	0	0	0
	3.3 Surrenders or other benefits paid out	0	0	0	0
	3.4 Excess interest credited to accounts	0	0	0	0
	3.5 Aggregate write-ins for other amounts deducted prior to determining amounts included in Lines 1 or 2	0	0	0	0
	3.99 Total (Lines 3.1 through 3.5)	0	0	0	0
4.	Transfers:				
	4.1 Enter in Column 2, as a negative number, and Column 4, as a positive number, the total of all amounts received to fund contracts established under Section 403(b) of the U.S. Internal Revenue Code, that are included in Column 2, Lines 1, 2 and 3.99	0	0	0	0
	4.2 Enter in Column 2, as a positive number, and Column 4, as a negative number, any amounts reported in Column 4, Lines 1, 2 and 3.99 that are allocated. (Note: amounts received to fund contracts established under Section 403(b) of the U.S. Internal Revenue Code, should not be included in line 4.2)	0	0	0	0
	4.3 Enter in Column 4, as a positive number, and Column 2, as a negative number, any amounts reported in Column 2, Lines 1, 2 and 3.99 that are unallocated	0	0	0	0
	4.99 Total (Lines 4.1 + 4.2 + 4.3)	0	0	0	0
5.	Total (Lines 1 + 2 + 3.99 + 4.99)	4,865,466	0	1,527,746,151	0
	DEVELOPMENT OF AMOUNTS INCLUDED IN LINES 1 THROUGH 5 THAT SHOULD BE DEDUCTED IN DETERMINING THE BASE Do not include any amount more than once in Lines 6 through 9				
6.	Aggregate write-ins for amounts where the insurer is not subject to risk. Premiums for portions of policies or contracts NOT guaranteed or under which the entire investment risk is borne by the policyholder. (Please specify such deductions and indicate where such amounts were reported in the Annual Statement)	0	0	0	0
7.	Amounts NOT allocated to individuals or individual certificate holders or amounts received for such contracts in excess of limits:				
	7.1 Unallocated funding obligations that do NOT fund government lotteries or employee, union, or association of natural persons benefit plans	XXX	XXX	XXX	0
	7.2 Unallocated funding obligations that fund any employee, union, or association of natural persons benefit plans protected by the Federal Pension Benefit Guaranty Corporation	XXX	XXX	XXX	0
	7.3 Unallocated funding obligations that fund governmental lotteries or employee, union, or association of natural persons benefit plans in excess of $5 million per contract which are NOT: (a) government retirement plans established under Sections 401, 403(b) or 457 of the U.S. Internal Revenue Code, or (b) protected by the Federal Pension Benefit Guaranty Corporation	XXX	XXX	XXX	0
	7.4 Total (Lines 7.1 + 7.2 + 7.3)	XXX	XXX	XXX	0
8.	Dividends/Experience rating credits paid or credited, but only if NOT guaranteed in advance (include only amounts NOT already deducted in determining Lines 1 and 2)	0	0	0	0
9.	Aggregate write-ins for Other Deductions	0	0	229,788,430	0
10.	Total (Lines 6 + 7.4 + 8 + 9)	0	0	229,788,430	0
	MODEL ACT BASE (Line 5 minus Line 10)				
11.	Current Year	4,865,466	0	1,297,957,721	0
	DETAILS OF WRITE-INS				
3.501.					
3.502.					
3.503.					
3.598.	Summary of remaining write-ins for Line 3.5 from overflow page	0	0	0	0
3.599.	Totals (Lines 3.501 thru 3.503 plus 3.598)(Line 3.5 above)	0	0	0	0
0601.					
0602.					
0603.					
0698.	Summary of remaining write-ins for Line 6 from overflow page	0	0	0	0
0699.	Totals (Lines 0601 thru 0603 plus 0698)(Line 6 above)	0	0	0	0
0901.	Medicare Part C & D	0	0	207,513,144	0
0902.	Stop Loss	0	0	22,275,286	0
0903.	Medicaid	0	0	0	0
0998.	Summary of remaining write-ins for Line 9 from overflow page	0	0	0	0
0999.	Totals (Lines 0901 thru 0903 plus 0998)(Line 9 above)	0	0	229,788,430	0



ADJUSTMENTS TO THE LIFE, HEALTH & ANNUITY GUARANTY ASSOCIATION MODEL ACT ASSESSMENT BASE RECONCILIATION EXHIBIT

FOR THE YEAR ENDED DECEMBER 31, 2018
(To Be Filed by April 1)

OF THE UnitedHealthcare Insurance Company NAIC COMPANY CODE 79413

DIRECT BUSINESS IN THE STATE OF: Missouri

		1 Life Insurance Premiums	2 Allocated Annuity and Other Allocated Fund Deposits	3 Accident & Health Premium	4 Unallocated Annuity & Other Unallocated Fund Deposits
1.	MODEL ACT BASE (Line 11 of the Reconciliation Exhibit)	4,865,466	0	1,297,957,721	0
	AMOUNTS REQUIRED TO DETERMINE THIS STATE'S ASSESSMENT BASE				
2.	Enter in Column 2, as a positive number, and Column 4, as a negative number, the total of all amounts received to fund allocated contracts established under Section 403(b) of the U.S. Internal Revenue Code that are included in Column 4, Line 1 above	XXX	0	XXX	0
3.	Unallocated funding obligations that do NOT fund government lotteries or employee, union, or association of natural persons benefit plans:				
	3.1 Amounts NOT in excess of $1 million per contract	XXX	XXX	XXX	0
	3.2 All amounts	XXX	XXX	XXX	0
4.	Unallocated funding obligations issued to fund government lotteries or employee, union, or association of natural persons benefit plans which are NOT:				
	(a) governmental retirement plans established under Sections 401, 403(b) or 457 of the U.S. Internal Revenue Code, or				
	(b) protected by the Federal Pension Benefit Guaranty Corporation:				
	4.1 Amounts NOT in excess of $1 million per contract	XXX	XXX	XXX	0
	4.2 Amounts in excess of $1 million but NOT in excess of $5 million per contract	XXX	XXX	XXX	0
	4.3 Amounts in excess of $5 million per contract	XXX	XXX	XXX	0
	4.4 Total (Lines 4.1 + 4.2 + 4.3)	XXX	XXX	XXX	0
	4.5 Amounts up to $7.5 million, per contract (Minnesota only)	XXX	XXX	XXX	0
5.	Unallocated funding obligations issued to fund governmental retirement plans established under Sections 401 and 457 of the U.S. Internal Revenue Code:				
	5.1 Amounts in excess of $1 million per contract	XXX	XXX	XXX	0
	5.2 All amounts	XXX	XXX	XXX	0
	5.3 Amounts in excess of $2 million per contract (New Jersey Only)	XXX	XXX	XXX	0
	5.4 Amounts not in excess of $7.5 million per contract (Minnesota Only)	XXX	XXX	XXX	0
6.	Unallocated funding obligations issued to fund governmental retirement plans established under Sections 403(b) of the U.S. Internal Revenue Code:				
	6.1 Amounts NOT in excess of $1 million per contract	XXX	XXX	XXX	0
	6.2 Amounts in excess of $1 million per contract	XXX	XXX	XXX	0
	6.3 Total (Lines 6.1 + 6.2)	XXX	XXX	XXX	0
	6.4 Amounts in excess of $2 million per contract (New Jersey Only)	XXX	XXX	XXX	0
	6.5 Amounts not in excess of $7.5 million per contract (Minnesota Only)	XXX	XXX	XXX	0
7.	Unallocated funding obligations that fund employee, union, or association of natural persons benefit plans protected by the Federal Pension Benefit Guaranty Corporation:				
	7.1 Amounts NOT in excess of $1 million per contract	XXX	XXX	XXX	0
	7.2 All amounts	XXX	XXX	XXX	0
	7.3 Amounts NOT in excess of $2 million per contract (New Jersey only)	XXX	XXX	XXX	0
8.	Unallocated funding obligations issued to fund government lotteries NOT in excess of $5 million per contractholder (New Jersey Only)	XXX	XXX	XXX	0
9.	Unallocated funding obligations that fund employee or association of natural persons benefit plans in excess of $2 million but NOT in excess of $5 million per contract (New Jersey Only)	XXX	XXX	XXX	0
10.	Aggregate write-ins for other deductions	0	0	0	0
	BASE				
11.	Current Year (2018)	4,865,466	0	1,297,957,721	0
	DETAILS OF WRITE-INS				
1001.					
1002.					
1003.					
1098.	Summary of remaining write-ins for Line 10 from overflow page	0	0	0	0
1099.	Totals (Lines 1001 thru 1003 plus 1098)(Line 10 above)	0	0	0	0



LIFE, HEALTH & ANNUITY GUARANTY ASSOCIATION MODEL ACT ASSESSMENT BASE RECONCILIATION EXHIBIT

FOR THE YEAR ENDED DECEMBER 31, 2018
(To Be Filed by April 1)

OF THE UnitedHealthcare Insurance Company NAIC COMPANY CODE 79413

DIRECT BUSINESS IN THE STATE OF: Montana

	PREMIUMS, CONSIDERATIONS AND DEPOSITS	1 Life Insurance Premiums	2 Annuity Considerations	3 A & H Premiums	4 Deposit-Type Contract Funds and Other Considerations
1.	Premiums, considerations and deposits from Schedule T or Exhibit of Premiums and Losses	34,034	0	56,597,910	0
2.	Premiums, considerations and deposits NOT reported in Schedule T or Exhibit of Premiums and Losses, including investment contract receipts credited to a liability account	0	0	0	0
	2.1 Contract fees for variable contracts with guarantees	0	0	0	0
	2.2 Any other premiums, considerations and deposits not reported in Schedule T or Exhibit of Premiums and Losses	0	0	0	0
3.	Amounts, if applicable, that were deducted prior to determining amounts included in Lines 1 or 2 which are in the following categories:				
	3.1 Transfers to guaranteed Separate Accounts	0	0	0	0
	3.2 Roll over of GICs or annuities into other companies	0	0	0	0
	3.3 Surrenders or other benefits paid out	0	0	0	0
	3.4 Excess interest credited to accounts	0	0	0	0
	3.5 Aggregate write-ins for other amounts deducted prior to determining amounts included in Lines 1 or 2	0	0	0	0
	3.99 Total (Lines 3.1 through 3.5)	0	0	0	0
4.	Transfers:				
	4.1 Enter in Column 2, as a negative number, and Column 4, as a positive number, the total of all amounts received to fund contracts established under Section 403(b) of the U.S. Internal Revenue Code, that are included in Column 2, Lines 1, 2 and 3.99	0	0	0	0
	4.2 Enter in Column 2, as a positive number, and Column 4, as a negative number, any amounts reported in Column 4, Lines 1, 2 and 3.99 that are allocated. (Note: amounts received to fund contracts established under Section 403(b) of the U.S. Internal Revenue Code, should not be included in line 4.2)	0	0	0	0
	4.3 Enter in Column 4, as a positive number, and Column 2, as a negative number, any amounts reported in Column 2, Lines 1, 2 and 3.99 that are unallocated	0	0	0	0
	4.99 Total (Lines 4.1 + 4.2 + 4.3)	0	0	0	0
5.	Total (Lines 1 + 2 + 3.99 + 4.99)	34,034	0	56,597,910	0
	DEVELOPMENT OF AMOUNTS INCLUDED IN LINES 1 THROUGH 5 THAT SHOULD BE DEDUCTED IN DETERMINING THE BASE Do not include any amount more than once in Lines 6 through 9				
6.	Aggregate write-ins for amounts where the insurer is not subject to risk. Premiums for portions of policies or contracts NOT guaranteed or under which the entire investment risk is borne by the policyholder. (Please specify such deductions and indicate where such amounts were reported in the Annual Statement)	0	0	0	0
7.	Amounts NOT allocated to individuals or individual certificate holders or amounts received for such contracts in excess of limits:				
	7.1 Unallocated funding obligations that do NOT fund government lotteries or employee, union, or association of natural persons benefit plans	XXX	XXX	XXX	0
	7.2 Unallocated funding obligations that fund any employee, union, or association of natural persons benefit plans protected by the Federal Pension Benefit Guaranty Corporation	XXX	XXX	XXX	0
	7.3 Unallocated funding obligations that fund governmental lotteries or employee, union, or association of natural persons benefit plans in excess of $5 million per contract which are NOT: (a) government retirement plans established under Sections 401, 403(b) or 457 of the U.S. Internal Revenue Code, or (b) protected by the Federal Pension Benefit Guaranty Corporation	XXX	XXX	XXX	0
	7.4 Total (Lines 7.1 + 7.2 + 7.3)	XXX	XXX	XXX	0
8.	Dividends/Experience rating credits paid or credited, but only if NOT guaranteed in advance (include only amounts NOT already deducted in determining Lines 1 and 2)	0	0	0	0
9.	Aggregate write-ins for Other Deductions	0	0	12,653,407	0
10.	Total (Lines 6 + 7.4 + 8 + 9)	0	0	12,653,407	0
	MODEL ACT BASE (Line 5 minus Line 10)				
11.	Current Year	34,034	0	43,944,503	0
	DETAILS OF WRITE-INS				
3.501.					
3.502.					
3.503.					
3.598.	Summary of remaining write-ins for Line 3.5 from overflow page	0	0	0	0
3.599.	Totals (Lines 3.501 thru 3.503 plus 3.598)(Line 3.5 above)	0	0	0	0
0601.					
0602.					
0603.					
0698.	Summary of remaining write-ins for Line 6 from overflow page	0	0	0	0
0699.	Totals (Lines 0601 thru 0603 plus 0698)(Line 6 above)	0	0	0	0
0901.	Medicare Part C & D	0	0	12,265,480	0
0902.	Stop Loss	0	0	387,927	0
0903.	Medicaid	0	0	0	0
0998.	Summary of remaining write-ins for Line 9 from overflow page	0	0	0	0
0999.	Totals (Lines 0901 thru 0903 plus 0998)(Line 9 above)	0	0	12,653,407	0



ADJUSTMENTS TO THE LIFE, HEALTH & ANNUITY GUARANTY ASSOCIATION MODEL ACT ASSESSMENT BASE RECONCILIATION EXHIBIT

FOR THE YEAR ENDED DECEMBER 31, 2018
(To Be Filed by April 1)

OF THE UnitedHealthcare Insurance Company NAIC COMPANY CODE 79413

DIRECT BUSINESS IN THE STATE OF: Montana

		1 Life Insurance Premiums	2 Allocated Annuity and Other Allocated Fund Deposits	3 Accident & Health Premium	4 Unallocated Annuity & Other Unallocated Fund Deposits
1.	MODEL ACT BASE (Line 11 of the Reconciliation Exhibit)	34,034	0	43,944,503	0
	AMOUNTS REQUIRED TO DETERMINE THIS STATE'S ASSESSMENT BASE				
2.	Enter in Column 2, as a positive number, and Column 4, as a negative number, the total of all amounts received to fund allocated contracts established under Section 403(b) of the U.S. Internal Revenue Code that are included in Column 4, Line 1 above	XXX	0	XXX	0
3.	Unallocated funding obligations that do NOT fund government lotteries or employee, union, or association of natural persons benefit plans:				
	3.1 Amounts NOT in excess of $1 million per contract	XXX	XXX	XXX	0
	3.2 All amounts	XXX	XXX	XXX	0
4.	Unallocated funding obligations issued to fund government lotteries or employee, union, or association of natural persons benefit plans which are NOT:				
	(a) governmental retirement plans established under Sections 401, 403(b) or 457 of the U.S. Internal Revenue Code, or				
	(b) protected by the Federal Pension Benefit Guaranty Corporation:				
	4.1 Amounts NOT in excess of $1 million per contract	XXX	XXX	XXX	0
	4.2 Amounts in excess of $1 million but NOT in excess of $5 million per contract	XXX	XXX	XXX	0
	4.3 Amounts in excess of $5 million per contract	XXX	XXX	XXX	0
	4.4 Total (Lines 4.1 + 4.2 + 4.3)	XXX	XXX	XXX	0
	4.5 Amounts up to $7.5 million, per contract (Minnesota only)	XXX	XXX	XXX	0
5.	Unallocated funding obligations issued to fund governmental retirement plans established under Sections 401 and 457 of the U.S. Internal Revenue Code:				
	5.1 Amounts in excess of $1 million per contract	XXX	XXX	XXX	0
	5.2 All amounts	XXX	XXX	XXX	0
	5.3 Amounts in excess of $2 million per contract (New Jersey Only)	XXX	XXX	XXX	0
	5.4 Amounts not in excess of $7.5 million per contract (Minnesota Only)	XXX	XXX	XXX	0
6.	Unallocated funding obligations issued to fund governmental retirement plans established under Sections 403(b) of the U.S. Internal Revenue Code:				
	6.1 Amounts NOT in excess of $1 million per contract	XXX	XXX	XXX	0
	6.2 Amounts in excess of $1 million per contract	XXX	XXX	XXX	0
	6.3 Total (Lines 6.1 + 6.2)	XXX	XXX	XXX	0
	6.4 Amounts in excess of $2 million per contract (New Jersey Only)	XXX	XXX	XXX	0
	6.5 Amounts not in excess of $7.5 million per contract (Minnesota Only)	XXX	XXX	XXX	0
7.	Unallocated funding obligations that fund employee, union, or association of natural persons benefit plans protected by the Federal Pension Benefit Guaranty Corporation:				
	7.1 Amounts NOT in excess of $1 million per contract	XXX	XXX	XXX	0
	7.2 All amounts	XXX	XXX	XXX	0
	7.3 Amounts NOT in excess of $2 million per contract (New Jersey only)	XXX	XXX	XXX	0
8.	Unallocated funding obligations issued to fund government lotteries NOT in excess of $5 million per contractholder (New Jersey Only)	XXX	XXX	XXX	0
9.	Unallocated funding obligations that fund employee or association of natural persons benefit plans in excess of $2 million but NOT in excess of $5 million per contract (New Jersey Only)	XXX	XXX	XXX	0
10.	Aggregate write-ins for other deductions	0	0	0	0
	BASE				
11.	Current Year (2018)	34,034	0	43,944,503	0
	DETAILS OF WRITE-INS				
1001.					
1002.					
1003.					
1098.	Summary of remaining write-ins for Line 10 from overflow page	0	0	0	0
1099.	Totals (Lines 1001 thru 1003 plus 1098)(Line 10 above)	0	0	0	0



LIFE, HEALTH & ANNUITY GUARANTY ASSOCIATION MODEL ACT ASSESSMENT BASE RECONCILIATION EXHIBIT

FOR THE YEAR ENDED DECEMBER 31, 2018
(To Be Filed by April 1)

OF THE UnitedHealthcare Insurance Company NAIC COMPANY CODE 79413

DIRECT BUSINESS IN THE STATE OF: Nebraska

	PREMIUMS, CONSIDERATIONS AND DEPOSITS	1 Life Insurance Premiums	2 Annuity Considerations	3 A & H Premiums	4 Deposit-Type Contract Funds and Other Considerations
1.	Premiums, considerations and deposits from Schedule T or Exhibit of Premiums and Losses	732,580	0	466,664,562	0
2.	Premiums, considerations and deposits NOT reported in Schedule T or Exhibit of Premiums and Losses, including investment contract receipts credited to a liability account	0	0	0	0
	2.1 Contract fees for variable contracts with guarantees	0	0	0	0
	2.2 Any other premiums, considerations and deposits not reported in Schedule T or Exhibit of Premiums and Losses	0	0	0	0
3.	Amounts, if applicable, that were deducted prior to determining amounts included in Lines 1 or 2 which are in the following categories:				
	3.1 Transfers to guaranteed Separate Accounts	0	0	0	0
	3.2 Roll over of GICs or annuities into other companies	0	0	0	0
	3.3 Surrenders or other benefits paid out	0	0	0	0
	3.4 Excess interest credited to accounts	0	0	0	0
	3.5 Aggregate write-ins for other amounts deducted prior to determining amounts included in Lines 1 or 2	0	0	0	0
	3.99 Total (Lines 3.1 through 3.5)	0	0	0	0
4.	Transfers:				
	4.1 Enter in Column 2, as a negative number, and Column 4, as a positive number, the total of all amounts received to fund contracts established under Section 403(b) of the U.S. Internal Revenue Code, that are included in Column 2, Lines 1, 2 and 3.99	0	0	0	0
	4.2 Enter in Column 2, as a positive number, and Column 4, as a negative number, any amounts reported in Column 4, Lines 1, 2 and 3.99 that are allocated. (Note: amounts received to fund contracts established under Section 403(b) of the U.S. Internal Revenue Code, should not be included in line 4.2)	0	0	0	0
	4.3 Enter in Column 4, as a positive number, and Column 2, as a negative number, any amounts reported in Column 2, Lines 1, 2 and 3.99 that are unallocated	0	0	0	0
	4.99 Total (Lines 4.1 + 4.2 + 4.3)	0	0	0	0
5.	Total (Lines 1 + 2 + 3.99 + 4.99)	732,580	0	466,664,562	0
	DEVELOPMENT OF AMOUNTS INCLUDED IN LINES 1 THROUGH 5 THAT SHOULD BE DEDUCTED IN DETERMINING THE BASE Do not include any amount more than once in Lines 6 through 9				
6.	Aggregate write-ins for amounts where the insurer is not subject to risk. Premiums for portions of policies or contracts NOT guaranteed or under which the entire investment risk is borne by the policyholder. (Please specify such deductions and indicate where such amounts were reported in the Annual Statement)	0	0	0	0
7.	Amounts NOT allocated to individuals or individual certificate holders or amounts received for such contracts in excess of limits:				
	7.1 Unallocated funding obligations that do NOT fund government lotteries or employee, union, or association of natural persons benefit plans	XXX	XXX	XXX	0
	7.2 Unallocated funding obligations that fund any employee, union, or association of natural persons benefit plans protected by the Federal Pension Benefit Guaranty Corporation	XXX	XXX	XXX	0
	7.3 Unallocated funding obligations that fund governmental lotteries or employee, union, or association of natural persons benefit plans in excess of $5 million per contract which are NOT: (a) government retirement plans established under Sections 401, 403(b) or 457 of the U.S. Internal Revenue Code, or (b) protected by the Federal Pension Benefit Guaranty Corporation	XXX	XXX	XXX	0
	7.4 Total (Lines 7.1 + 7.2 + 7.3)	XXX	XXX	XXX	0
8.	Dividends/Experience rating credits paid or credited, but only if NOT guaranteed in advance (include only amounts NOT already deducted in determining Lines 1 and 2)	0	0	0	0
9.	Aggregate write-ins for Other Deductions	0	0	82,962,776	0
10.	Total (Lines 6 + 7.4 + 8 + 9)	0	0	82,962,776	0
	MODEL ACT BASE (Line 5 minus Line 10)				
11.	Current Year	732,580	0	383,701,786	0
	DETAILS OF WRITE-INS				
3.501.					
3.502.					
3.503.					
3.598.	Summary of remaining write-ins for Line 3.5 from overflow page	0	0	0	0
3.599.	Totals (Lines 3.501 thru 3.503 plus 3.598)(Line 3.5 above)	0	0	0	0
0601.					
0602.					
0603.					
0698.	Summary of remaining write-ins for Line 6 from overflow page	0	0	0	0
0699.	Totals (Lines 0601 thru 0603 plus 0698)(Line 6 above)	0	0	0	0
0901.	Medicare Part C & D	0	0	74,931,338	0
0902.	Stop Loss	0	0	8,031,438	0
0903.	Medicaid	0	0	0	0
0998.	Summary of remaining write-ins for Line 9 from overflow page	0	0	0	0
0999.	Totals (Lines 0901 thru 0903 plus 0998)(Line 9 above)	0	0	82,962,776	0

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ADJUSTMENTS TO THE LIFE, HEALTH & ANNUITY GUARANTY ASSOCIATION MODEL ACT ASSESSMENT BASE RECONCILIATION EXHIBIT

FOR THE YEAR ENDED DECEMBER 31, 2018
(To Be Filed by April 1)

OF THE UnitedHealthcare Insurance Company NAIC COMPANY CODE 79413

DIRECT BUSINESS IN THE STATE OF: Nebraska

		1 Life Insurance Premiums	2 Allocated Annuity and Other Allocated Fund Deposits	3 Accident & Health Premium	4 Unallocated Annuity & Other Unallocated Fund Deposits
1.	MODEL ACT BASE (Line 11 of the Reconciliation Exhibit)	732,580	0	383,701,786	0
	AMOUNTS REQUIRED TO DETERMINE THIS STATE'S ASSESSMENT BASE				
2.	Enter in Column 2, as a positive number, and Column 4, as a negative number, the total of all amounts received to fund allocated contracts established under Section 403(b) of the U.S. Internal Revenue Code that are included in Column 4, Line 1 above	XXX	0	XXX	0
3.	Unallocated funding obligations that do NOT fund government lotteries or employee, union, or association of natural persons benefit plans:				
	3.1 Amounts NOT in excess of $1 million per contract	XXX	XXX	XXX	0
	3.2 All amounts	XXX	XXX	XXX	0
4.	Unallocated funding obligations issued to fund government lotteries or employee, union, or association of natural persons benefit plans which are NOT:				
	(a) governmental retirement plans established under Sections 401, 403(b) or 457 of the U.S. Internal Revenue Code, or				
	(b) protected by the Federal Pension Benefit Guaranty Corporation:				
	4.1 Amounts NOT in excess of $1 million per contract	XXX	XXX	XXX	0
	4.2 Amounts in excess of $1 million but NOT in excess of $5 million per contract	XXX	XXX	XXX	0
	4.3 Amounts in excess of $5 million per contract	XXX	XXX	XXX	0
	4.4 Total (Lines 4.1 + 4.2 + 4.3)	XXX	XXX	XXX	0
	4.5 Amounts up to $7.5 million, per contract (Minnesota only)	XXX	XXX	XXX	0
5.	Unallocated funding obligations issued to fund governmental retirement plans established under Sections 401 and 457 of the U.S. Internal Revenue Code:				
	5.1 Amounts in excess of $1 million per contract	XXX	XXX	XXX	0
	5.2 All amounts	XXX	XXX	XXX	0
	5.3 Amounts in excess of $2 million per contract (New Jersey Only)	XXX	XXX	XXX	0
	5.4 Amounts not in excess of $7.5 million per contract (Minnesota Only)	XXX	XXX	XXX	0
6.	Unallocated funding obligations issued to fund governmental retirement plans established under Sections 403(b) of the U.S. Internal Revenue Code:				
	6.1 Amounts NOT in excess of $1 million per contract	XXX	XXX	XXX	0
	6.2 Amounts in excess of $1 million per contract	XXX	XXX	XXX	0
	6.3 Total (Lines 6.1 + 6.2)	XXX	XXX	XXX	0
	6.4 Amounts in excess of $2 million per contract (New Jersey Only)	XXX	XXX	XXX	0
	6.5 Amounts not in excess of $7.5 million per contract (Minnesota Only)	XXX	XXX	XXX	0
7.	Unallocated funding obligations that fund employee, union, or association of natural persons benefit plans protected by the Federal Pension Benefit Guaranty Corporation:				
	7.1 Amounts NOT in excess of $1 million per contract	XXX	XXX	XXX	0
	7.2 All amounts	XXX	XXX	XXX	0
	7.3 Amounts NOT in excess of $2 million per contract (New Jersey only)	XXX	XXX	XXX	0
8.	Unallocated funding obligations issued to fund government lotteries NOT in excess of $5 million per contractholder (New Jersey Only)	XXX	XXX	XXX	0
9.	Unallocated funding obligations that fund employee or association of natural persons benefit plans in excess of $2 million but NOT in excess of $5 million per contract (New Jersey Only)	XXX	XXX	XXX	0
10.	Aggregate write-ins for other deductions	0	0	0	0
	BASE				
11.	Current Year (2018)	732,580	0	383,701,786	0
	DETAILS OF WRITE-INS				
1001.					
1002.					
1003.					
1098.	Summary of remaining write-ins for Line 10 from overflow page	0	0	0	0
1099.	Totals (Lines 1001 thru 1003 plus 1098)(Line 10 above)	0	0	0	0



LIFE, HEALTH & ANNUITY GUARANTY ASSOCIATION MODEL ACT ASSESSMENT BASE RECONCILIATION EXHIBIT

FOR THE YEAR ENDED DECEMBER 31, 2018
(To Be Filed by April 1)

OF THE UnitedHealthcare Insurance Company NAIC COMPANY CODE 79413

DIRECT BUSINESS IN THE STATE OF: Nevada

	PREMIUMS, CONSIDERATIONS AND DEPOSITS	1 Life Insurance Premiums	2 Annuity Considerations	3 A & H Premiums	4 Deposit-Type Contract Funds and Other Considerations
1.	Premiums, considerations and deposits from Schedule T or Exhibit of Premiums and Losses	3,257,054	0	371,922,176	0
2.	Premiums, considerations and deposits NOT reported in Schedule T or Exhibit of Premiums and Losses, including investment contract receipts credited to a liability account	0	0	0	0
	2.1 Contract fees for variable contracts with guarantees	0	0	0	0
	2.2 Any other premiums, considerations and deposits not reported in Schedule T or Exhibit of Premiums and Losses	0	0	0	0
3.	Amounts, if applicable, that were deducted prior to determining amounts included in Lines 1 or 2 which are in the following categories:				
	3.1 Transfers to guaranteed Separate Accounts	0	0	0	0
	3.2 Roll over of GICs or annuities into other companies	0	0	0	0
	3.3 Surrenders or other benefits paid out	0	0	0	0
	3.4 Excess interest credited to accounts	0	0	0	0
	3.5 Aggregate write-ins for other amounts deducted prior to determining amounts included in Lines 1 or 2	0	0	0	0
	3.99 Total (Lines 3.1 through 3.5)	0	0	0	0
4.	Transfers:				
	4.1 Enter in Column 2, as a negative number, and Column 4, as a positive number, the total of all amounts received to fund contracts established under Section 403(b) of the U.S. Internal Revenue Code, that are included in Column 2, Lines 1, 2 and 3.99	0	0	0	0
	4.2 Enter in Column 2, as a positive number, and Column 4, as a negative number, any amounts reported in Column 4, Lines 1, 2 and 3.99 that are allocated. (Note: amounts received to fund contracts established under Section 403(b) of the U.S. Internal Revenue Code, should not be included in line 4.2)	0	0	0	0
	4.3 Enter in Column 4, as a positive number, and Column 2, as a negative number, any amounts reported in Column 2, Lines 1, 2 and 3.99 that are unallocated	0	0	0	0
	4.99 Total (Lines 4.1 + 4.2 + 4.3)	0	0	0	0
5.	Total (Lines 1 + 2 + 3.99 + 4.99)	3,257,054	0	371,922,176	0
	DEVELOPMENT OF AMOUNTS INCLUDED IN LINES 1 THROUGH 5 THAT SHOULD BE DEDUCTED IN DETERMINING THE BASE Do not include any amount more than once in Lines 6 through 9				
6.	Aggregate write-ins for amounts where the insurer is not subject to risk. Premiums for portions of policies or contracts NOT guaranteed or under which the entire investment risk is borne by the policyholder. (Please specify such deductions and indicate where such amounts were reported in the Annual Statement)	0	0	0	0
7.	Amounts NOT allocated to individuals or individual certificate holders or amounts received for such contracts in excess of limits:				
	7.1 Unallocated funding obligations that do NOT fund government lotteries or employee, union, or association of natural persons benefit plans	XXX	XXX	XXX	0
	7.2 Unallocated funding obligations that fund any employee, union, or association of natural persons benefit plans protected by the Federal Pension Benefit Guaranty Corporation	XXX	XXX	XXX	0
	7.3 Unallocated funding obligations that fund governmental lotteries or employee, union, or association of natural persons benefit plans in excess of $5 million per contract which are NOT: (a) government retirement plans established under Sections 401, 403(b) or 457 of the U.S. Internal Revenue Code, or (b) protected by the Federal Pension Benefit Guaranty Corporation	XXX	XXX	XXX	0
	7.4 Total (Lines 7.1 + 7.2 + 7.3)	XXX	XXX	XXX	0
8.	Dividends/Experience rating credits paid or credited, but only if NOT guaranteed in advance (include only amounts NOT already deducted in determining Lines 1 and 2)	0	0	0	0
9.	Aggregate write-ins for Other Deductions	0	0	37,765,146	0
10.	Total (Lines 6 + 7.4 + 8 + 9)	0	0	37,765,146	0
	MODEL ACT BASE (Line 5 minus Line 10)				
11.	Current Year	3,257,054	0	334,157,030	0
	DETAILS OF WRITE-INS				
3.501.					
3.502.					
3.503.					
3.598.	Summary of remaining write-ins for Line 3.5 from overflow page	0	0	0	0
3.599.	Totals (Lines 3.501 thru 3.503 plus 3.598)(Line 3.5 above)	0	0	0	0
0601.					
0602.					
0603.					
0698.	Summary of remaining write-ins for Line 6 from overflow page	0	0	0	0
0699.	Totals (Lines 0601 thru 0603 plus 0698)(Line 6 above)	0	0	0	0
0901.	Medicare Part C & D	0	0	32,882,789	0
0902.	Stop Loss	0	0	4,882,357	0
0903.	Medicaid	0	0	0	0
0998.	Summary of remaining write-ins for Line 9 from overflow page	0	0	0	0
0999.	Totals (Lines 0901 thru 0903 plus 0998)(Line 9 above)	0	0	37,765,146	0



ADJUSTMENTS TO THE LIFE, HEALTH & ANNUITY GUARANTY ASSOCIATION MODEL ACT ASSESSMENT BASE RECONCILIATION EXHIBIT

FOR THE YEAR ENDED DECEMBER 31, 2018
(To Be Filed by April 1)

OF THE UnitedHealthcare Insurance Company NAIC COMPANY CODE 79413

DIRECT BUSINESS IN THE STATE OF: Nevada

		1 Life Insurance Premiums	2 Allocated Annuity and Other Allocated Fund Deposits	3 Accident & Health Premium	4 Unallocated Annuity & Other Unallocated Fund Deposits
1.	MODEL ACT BASE (Line 11 of the Reconciliation Exhibit)	3,257,054	0	334,157,030	0
	AMOUNTS REQUIRED TO DETERMINE THIS STATE'S ASSESSMENT BASE				
2.	Enter in Column 2, as a positive number, and Column 4, as a negative number, the total of all amounts received to fund allocated contracts established under Section 403(b) of the U.S. Internal Revenue Code that are included in Column 4, Line 1 above	XXX	0	XXX	0
3.	Unallocated funding obligations that do NOT fund government lotteries or employee, union, or association of natural persons benefit plans:				
	3.1 Amounts NOT in excess of $1 million per contract	XXX	XXX	XXX	0
	3.2 All amounts	XXX	XXX	XXX	0
4.	Unallocated funding obligations issued to fund government lotteries or employee, union, or association of natural persons benefit plans which are NOT:				
	(a) governmental retirement plans established under Sections 401, 403(b) or 457 of the U.S. Internal Revenue Code, or				
	(b) protected by the Federal Pension Benefit Guaranty Corporation:				
	4.1 Amounts NOT in excess of $1 million per contract	XXX	XXX	XXX	0
	4.2 Amounts in excess of $1 million but NOT in excess of $5 million per contract	XXX	XXX	XXX	0
	4.3 Amounts in excess of $5 million per contract	XXX	XXX	XXX	0
	4.4 Total (Lines 4.1 + 4.2 + 4.3)	XXX	XXX	XXX	0
	4.5 Amounts up to $7.5 million, per contract (Minnesota only)	XXX	XXX	XXX	0
5.	Unallocated funding obligations issued to fund governmental retirement plans established under Sections 401 and 457 of the U.S. Internal Revenue Code:				
	5.1 Amounts in excess of $1 million per contract	XXX	XXX	XXX	0
	5.2 All amounts	XXX	XXX	XXX	0
	5.3 Amounts in excess of $2 million per contract (New Jersey Only)	XXX	XXX	XXX	0
	5.4 Amounts not in excess of $7.5 million per contract (Minnesota Only)	XXX	XXX	XXX	0
6.	Unallocated funding obligations issued to fund governmental retirement plans established under Sections 403(b) of the U.S. Internal Revenue Code:				
	6.1 Amounts NOT in excess of $1 million per contract	XXX	XXX	XXX	0
	6.2 Amounts in excess of $1 million per contract	XXX	XXX	XXX	0
	6.3 Total (Lines 6.1 + 6.2)	XXX	XXX	XXX	0
	6.4 Amounts in excess of $2 million per contract (New Jersey Only)	XXX	XXX	XXX	0
	6.5 Amounts not in excess of $7.5 million per contract (Minnesota Only)	XXX	XXX	XXX	0
7.	Unallocated funding obligations that fund employee, union, or association of natural persons benefit plans protected by the Federal Pension Benefit Guaranty Corporation:				
	7.1 Amounts NOT in excess of $1 million per contract	XXX	XXX	XXX	0
	7.2 All amounts	XXX	XXX	XXX	0
	7.3 Amounts NOT in excess of $2 million per contract (New Jersey only)	XXX	XXX	XXX	0
8.	Unallocated funding obligations issued to fund government lotteries NOT in excess of $5 million per contractholder (New Jersey Only)	XXX	XXX	XXX	0
9.	Unallocated funding obligations that fund employee or association of natural persons benefit plans in excess of $2 million but NOT in excess of $5 million per contract (New Jersey Only)	XXX	XXX	XXX	0
10.	Aggregate write-ins for other deductions	0	0	0	0
	BASE				
11.	Current Year (2018)	3,257,054	0	334,157,030	0
	DETAILS OF WRITE-INS				
1001.					
1002.					
1003.					
1098.	Summary of remaining write-ins for Line 10 from overflow page	0	0	0	0
1099.	Totals (Lines 1001 thru 1003 plus 1098)(Line 10 above)	0	0	0	0



LIFE, HEALTH & ANNUITY GUARANTY ASSOCIATION MODEL ACT ASSESSMENT BASE RECONCILIATION EXHIBIT

FOR THE YEAR ENDED DECEMBER 31, 2018
(To Be Filed by April 1)

OF THE UnitedHealthcare Insurance Company NAIC COMPANY CODE 79413

DIRECT BUSINESS IN THE STATE OF: New Hampshire

	PREMIUMS, CONSIDERATIONS AND DEPOSITS	1 Life Insurance Premiums	2 Annuity Considerations	3 A & H Premiums	4 Deposit-Type Contract Funds and Other Considerations
1.	Premiums, considerations and deposits from Schedule T or Exhibit of Premiums and Losses	628,802	0	152,343,879	0
2.	Premiums, considerations and deposits NOT reported in Schedule T or Exhibit of Premiums and Losses, including investment contract receipts credited to a liability account	0	0	0	0
	2.1 Contract fees for variable contracts with guarantees	0	0	0	0
	2.2 Any other premiums, considerations and deposits not reported in Schedule T or Exhibit of Premiums and Losses	0	0	0	0
3.	Amounts, if applicable, that were deducted prior to determining amounts included in Lines 1 or 2 which are in the following categories:				
	3.1 Transfers to guaranteed Separate Accounts	0	0	0	0
	3.2 Roll over of GICs or annuities into other companies	0	0	0	0
	3.3 Surrenders or other benefits paid out	0	0	0	0
	3.4 Excess interest credited to accounts	0	0	0	0
	3.5 Aggregate write-ins for other amounts deducted prior to determining amounts included in Lines 1 or 2	0	0	0	0
	3.99 Total (Lines 3.1 through 3.5)	0	0	0	0
4.	Transfers:				
	4.1 Enter in Column 2, as a negative number, and Column 4, as a positive number, the total of all amounts received to fund contracts established under Section 403(b) of the U.S. Internal Revenue Code, that are included in Column 2, Lines 1, 2 and 3.99	0	0	0	0
	4.2 Enter in Column 2, as a positive number, and Column 4, as a negative number, any amounts reported in Column 4, Lines 1, 2 and 3.99 that are allocated. (Note: amounts received to fund contracts established under Section 403(b) of the U.S. Internal Revenue Code, should not be included in line 4.2)	0	0	0	0
	4.3 Enter in Column 4, as a positive number, and Column 2, as a negative number, any amounts reported in Column 2, Lines 1, 2 and 3.99 that are unallocated	0	0	0	0
	4.99 Total (Lines 4.1 + 4.2 + 4.3)	0	0	0	0
5.	Total (Lines 1 + 2 + 3.99 + 4.99)	628,802	0	152,343,879	0
	DEVELOPMENT OF AMOUNTS INCLUDED IN LINES 1 THROUGH 5 THAT SHOULD BE DEDUCTED IN DETERMINING THE BASE Do not include any amount more than once in Lines 6 through 9				
6.	Aggregate write-ins for amounts where the insurer is not subject to risk. Premiums for portions of policies or contracts NOT guaranteed or under which the entire investment risk is borne by the policyholder. (Please specify such deductions and indicate where such amounts were reported in the Annual Statement)	0	0	0	0
7.	Amounts NOT allocated to individuals or individual certificate holders or amounts received for such contracts in excess of limits:				
	7.1 Unallocated funding obligations that do NOT fund government lotteries or employee, union, or association of natural persons benefit plans	XXX	XXX	XXX	0
	7.2 Unallocated funding obligations that fund any employee, union, or association of natural persons benefit plans protected by the Federal Pension Benefit Guaranty Corporation	XXX	XXX	XXX	0
	7.3 Unallocated funding obligations that fund governmental lotteries or employee, union, or association of natural persons benefit plans in excess of $5 million per contract which are NOT: (a) government retirement plans established under Sections 401, 403(b) or 457 of the U.S. Internal Revenue Code, or (b) protected by the Federal Pension Benefit Guaranty Corporation	XXX	XXX	XXX	0
	7.4 Total (Lines 7.1 + 7.2 + 7.3)	XXX	XXX	XXX	0
8.	Dividends/Experience rating credits paid or credited, but only if NOT guaranteed in advance (include only amounts NOT already deducted in determining Lines 1 and 2)	0	0	0	0
9.	Aggregate write-ins for Other Deductions	0	0	39,636,937	0
10.	Total (Lines 6 + 7.4 + 8 + 9)	0	0	39,636,937	0
	MODEL ACT BASE (Line 5 minus Line 10)				
11.	Current Year	628,802	0	112,706,942	0
	DETAILS OF WRITE-INS				
3.501.					
3.502.					
3.503.					
3.598.	Summary of remaining write-ins for Line 3.5 from overflow page	0	0	0	0
3.599.	Totals (Lines 3.501 thru 3.503 plus 3.598)(Line 3.5 above)	0	0	0	0
0601.					
0602.					
0603.					
0698.	Summary of remaining write-ins for Line 6 from overflow page	0	0	0	0
0699.	Totals (Lines 0601 thru 0603 plus 0698)(Line 6 above)	0	0	0	0
0901.	Medicare Part C & D	0	0	37,211,617	0
0902.	Stop Loss	0	0	2,425,320	0
0903.	Medicaid	0	0	0	0
0998.	Summary of remaining write-ins for Line 9 from overflow page	0	0	0	0
0999.	Totals (Lines 0901 thru 0903 plus 0998)(Line 9 above)	0	0	39,636,937	0



ADJUSTMENTS TO THE LIFE, HEALTH & ANNUITY GUARANTY ASSOCIATION MODEL ACT ASSESSMENT BASE RECONCILIATION EXHIBIT

FOR THE YEAR ENDED DECEMBER 31, 2018
(To Be Filed by April 1)

OF THE UnitedHealthcare Insurance Company NAIC COMPANY CODE 79413

DIRECT BUSINESS IN THE STATE OF: New Hampshire

		1 Life Insurance Premiums	2 Allocated Annuity and Other Allocated Fund Deposits	3 Accident & Health Premium	4 Unallocated Annuity & Other Unallocated Fund Deposits
1.	MODEL ACT BASE (Line 11 of the Reconciliation Exhibit)	628,802	0	112,706,942	0
	AMOUNTS REQUIRED TO DETERMINE THIS STATE'S ASSESSMENT BASE				
2.	Enter in Column 2, as a positive number, and Column 4, as a negative number, the total of all amounts received to fund allocated contracts established under Section 403(b) of the U.S. Internal Revenue Code that are included in Column 4, Line 1 above	XXX	0	XXX	0
3.	Unallocated funding obligations that do NOT fund government lotteries or employee, union, or association of natural persons benefit plans:				
	3.1 Amounts NOT in excess of $1 million per contract	XXX	XXX	XXX	0
	3.2 All amounts	XXX	XXX	XXX	0
4.	Unallocated funding obligations issued to fund government lotteries or employee, union, or association of natural persons benefit plans which are NOT:				
	(a) governmental retirement plans established under Sections 401, 403(b) or 457 of the U.S. Internal Revenue Code, or				
	(b) protected by the Federal Pension Benefit Guaranty Corporation:				
	4.1 Amounts NOT in excess of $1 million per contract	XXX	XXX	XXX	0
	4.2 Amounts in excess of $1 million but NOT in excess of $5 million per contract	XXX	XXX	XXX	0
	4.3 Amounts in excess of $5 million per contract	XXX	XXX	XXX	0
	4.4 Total (Lines 4.1 + 4.2 + 4.3)	XXX	XXX	XXX	0
	4.5 Amounts up to $7.5 million, per contract (Minnesota only)	XXX	XXX	XXX	0
5.	Unallocated funding obligations issued to fund governmental retirement plans established under Sections 401 and 457 of the U.S. Internal Revenue Code:				
	5.1 Amounts in excess of $1 million per contract	XXX	XXX	XXX	0
	5.2 All amounts	XXX	XXX	XXX	0
	5.3 Amounts in excess of $2 million per contract (New Jersey Only)	XXX	XXX	XXX	0
	5.4 Amounts not in excess of $7.5 million per contract (Minnesota Only)	XXX	XXX	XXX	0
6.	Unallocated funding obligations issued to fund governmental retirement plans established under Sections 403(b) of the U.S. Internal Revenue Code:				
	6.1 Amounts NOT in excess of $1 million per contract	XXX	XXX	XXX	0
	6.2 Amounts in excess of $1 million per contract	XXX	XXX	XXX	0
	6.3 Total (Lines 6.1 + 6.2)	XXX	XXX	XXX	0
	6.4 Amounts in excess of $2 million per contract (New Jersey Only)	XXX	XXX	XXX	0
	6.5 Amounts not in excess of $7.5 million per contract (Minnesota Only)	XXX	XXX	XXX	0
7.	Unallocated funding obligations that fund employee, union, or association of natural persons benefit plans protected by the Federal Pension Benefit Guaranty Corporation:				
	7.1 Amounts NOT in excess of $1 million per contract	XXX	XXX	XXX	0
	7.2 All amounts	XXX	XXX	XXX	0
	7.3 Amounts NOT in excess of $2 million per contract (New Jersey only)	XXX	XXX	XXX	0
8.	Unallocated funding obligations issued to fund government lotteries NOT in excess of $5 million per contractholder (New Jersey Only)	XXX	XXX	XXX	0
9.	Unallocated funding obligations that fund employee or association of natural persons benefit plans in excess of $2 million but NOT in excess of $5 million per contract (New Jersey Only)	XXX	XXX	XXX	0
10.	Aggregate write-ins for other deductions	0	0	0	0
	BASE				
11.	Current Year (2018)	628,802	0	112,706,942	0
	DETAILS OF WRITE-INS				
1001.					
1002.					
1003.					
1098.	Summary of remaining write-ins for Line 10 from overflow page	0	0	0	0
1099.	Totals (Lines 1001 thru 1003 plus 1098)(Line 10 above)	0	0	0	0



LIFE, HEALTH & ANNUITY GUARANTY ASSOCIATION MODEL ACT ASSESSMENT BASE RECONCILIATION EXHIBIT

FOR THE YEAR ENDED DECEMBER 31, 2018
(To Be Filed by April 1)

OF THE UnitedHealthcare Insurance Company NAIC COMPANY CODE 79413

DIRECT BUSINESS IN THE STATE OF: New Jersey

	PREMIUMS, CONSIDERATIONS AND DEPOSITS	1 Life Insurance Premiums	2 Annuity Considerations	3 A & H Premiums	4 Deposit-Type Contract Funds and Other Considerations
1.	Premiums, considerations and deposits from Schedule T or Exhibit of Premiums and Losses	1,778,168	0	1,298,146,826	0
2.	Premiums, considerations and deposits NOT reported in Schedule T or Exhibit of Premiums and Losses, including investment contract receipts credited to a liability account	0	0	0	0
	2.1 Contract fees for variable contracts with guarantees	0	0	0	0
	2.2 Any other premiums, considerations and deposits not reported in Schedule T or Exhibit of Premiums and Losses	0	0	0	0
3.	Amounts, if applicable, that were deducted prior to determining amounts included in Lines 1 or 2 which are in the following categories:				
	3.1 Transfers to guaranteed Separate Accounts	0	0	0	0
	3.2 Roll over of GICs or annuities into other companies	0	0	0	0
	3.3 Surrenders or other benefits paid out	0	0	0	0
	3.4 Excess interest credited to accounts	0	0	0	0
	3.5 Aggregate write-ins for other amounts deducted prior to determining amounts included in Lines 1 or 2	0	0	0	0
	3.99 Total (Lines 3.1 through 3.5)	0	0	0	0
4.	Transfers:				
	4.1 Enter in Column 2, as a negative number, and Column 4, as a positive number, the total of all amounts received to fund contracts established under Section 403(b) of the U.S. Internal Revenue Code, that are included in Column 2, Lines 1, 2 and 3.99	0	0	0	0
	4.2 Enter in Column 2, as a positive number, and Column 4, as a negative number, any amounts reported in Column 4, Lines 1, 2 and 3.99 that are allocated. (Note: amounts received to fund contracts established under Section 403(b) of the U.S. Internal Revenue Code, should not be included in line 4.2)	0	0	0	0
	4.3 Enter in Column 4, as a positive number, and Column 2, as a negative number, any amounts reported in Column 2, Lines 1, 2 and 3.99 that are unallocated	0	0	0	0
	4.99 Total (Lines 4.1 + 4.2 + 4.3)	0	0	0	0
5.	Total (Lines 1 + 2 + 3.99 + 4.99)	1,778,168	0	1,298,146,826	0
	DEVELOPMENT OF AMOUNTS INCLUDED IN LINES 1 THROUGH 5 THAT SHOULD BE DEDUCTED IN DETERMINING THE BASE Do not include any amount more than once in Lines 6 through 9				
6.	Aggregate write-ins for amounts where the insurer is not subject to risk. Premiums for portions of policies or contracts NOT guaranteed or under which the entire investment risk is borne by the policyholder. (Please specify such deductions and indicate where such amounts were reported in the Annual Statement)	0	0	0	0
7.	Amounts NOT allocated to individuals or individual certificate holders or amounts received for such contracts in excess of limits:				
	7.1 Unallocated funding obligations that do NOT fund government lotteries or employee, union, or association of natural persons benefit plans	XXX	XXX	XXX	0
	7.2 Unallocated funding obligations that fund any employee, union, or association of natural persons benefit plans protected by the Federal Pension Benefit Guaranty Corporation	XXX	XXX	XXX	0
	7.3 Unallocated funding obligations that fund governmental lotteries or employee, union, or association of natural persons benefit plans in excess of $5 million per contract which are NOT: (a) government retirement plans established under Sections 401, 403(b) or 457 of the U.S. Internal Revenue Code, or (b) protected by the Federal Pension Benefit Guaranty Corporation	XXX	XXX	XXX	0
	7.4 Total (Lines 7.1 + 7.2 + 7.3)	XXX	XXX	XXX	0
8.	Dividends/Experience rating credits paid or credited, but only if NOT guaranteed in advance (include only amounts NOT already deducted in determining Lines 1 and 2)	0	0	0	0
9.	Aggregate write-ins for Other Deductions	0	0	273,479,553	0
10.	Total (Lines 6 + 7.4 + 8 + 9)	0	0	273,479,553	0
	MODEL ACT BASE (Line 5 minus Line 10)				
11.	Current Year	1,778,168	0	1,024,667,273	0
	DETAILS OF WRITE-INS				
3.501.					
3.502.					
3.503.					
3.598.	Summary of remaining write-ins for Line 3.5 from overflow page	0	0	0	0
3.599.	Totals (Lines 3.501 thru 3.503 plus 3.598)(Line 3.5 above)	0	0	0	0
0601.					
0602.					
0603.					
0698.	Summary of remaining write-ins for Line 6 from overflow page	0	0	0	0
0699.	Totals (Lines 0601 thru 0603 plus 0698)(Line 6 above)	0	0	0	0
0901.	Medicare Part C & D	0	0	255,402,872	0
0902.	Stop Loss	0	0	18,076,681	0
0903.	Medicaid	0	0	0	0
0998.	Summary of remaining write-ins for Line 9 from overflow page	0	0	0	0
0999.	Totals (Lines 0901 thru 0903 plus 0998)(Line 9 above)	0	0	273,479,553	0

7 9 4 1 3 2 0 1 8 3 0 0 3 1 1 0 0

ADJUSTMENTS TO THE LIFE, HEALTH & ANNUITY GUARANTY ASSOCIATION MODEL ACT ASSESSMENT BASE RECONCILIATION EXHIBIT

FOR THE YEAR ENDED DECEMBER 31, 2018
(To Be Filed by April 1)

OF THE UnitedHealthcare Insurance Company NAIC COMPANY CODE 79413

DIRECT BUSINESS IN THE STATE OF: New Jersey

		1 Life Insurance Premiums	2 Allocated Annuity and Other Allocated Fund Deposits	3 Accident & Health Premium	4 Unallocated Annuity & Other Unallocated Fund Deposits
1.	MODEL ACT BASE (Line 11 of the Reconciliation Exhibit)	1,778,168	0	1,024,667,273	0
	AMOUNTS REQUIRED TO DETERMINE THIS STATE'S ASSESSMENT BASE				
2.	Enter in Column 2, as a positive number, and Column 4, as a negative number, the total of all amounts received to fund allocated contracts established under Section 403(b) of the U.S. Internal Revenue Code that are included in Column 4, Line 1 above	XXX	0	XXX	0
3.	Unallocated funding obligations that do NOT fund government lotteries or employee, union, or association of natural persons benefit plans:				
	3.1 Amounts NOT in excess of $1 million per contract	XXX	XXX	XXX	0
	3.2 All amounts	XXX	XXX	XXX	0
4.	Unallocated funding obligations issued to fund government lotteries or employee, union, or association of natural persons benefit plans which are NOT:				
	(a) governmental retirement plans established under Sections 401, 403(b) or 457 of the U.S. Internal Revenue Code, or				
	(b) protected by the Federal Pension Benefit Guaranty Corporation:				
	4.1 Amounts NOT in excess of $1 million per contract	XXX	XXX	XXX	0
	4.2 Amounts in excess of $1 million but NOT in excess of $5 million per contract	XXX	XXX	XXX	0
	4.3 Amounts in excess of $5 million per contract	XXX	XXX	XXX	0
	4.4 Total (Lines 4.1 + 4.2 + 4.3)	XXX	XXX	XXX	0
	4.5 Amounts up to $7.5 million, per contract (Minnesota only)	XXX	XXX	XXX	0
5.	Unallocated funding obligations issued to fund governmental retirement plans established under Sections 401 and 457 of the U.S. Internal Revenue Code:				
	5.1 Amounts in excess of $1 million per contract	XXX	XXX	XXX	0
	5.2 All amounts	XXX	XXX	XXX	0
	5.3 Amounts in excess of $2 million per contract (New Jersey Only)	XXX	XXX	XXX	0
	5.4 Amounts not in excess of $7.5 million per contract (Minnesota Only)	XXX	XXX	XXX	0
6.	Unallocated funding obligations issued to fund governmental retirement plans established under Sections 403(b) of the U.S. Internal Revenue Code:				
	6.1 Amounts NOT in excess of $1 million per contract	XXX	XXX	XXX	0
	6.2 Amounts in excess of $1 million per contract	XXX	XXX	XXX	0
	6.3 Total (Lines 6.1 + 6.2)	XXX	XXX	XXX	0
	6.4 Amounts in excess of $2 million per contract (New Jersey Only)	XXX	XXX	XXX	0
	6.5 Amounts not in excess of $7.5 million per contract (Minnesota Only)	XXX	XXX	XXX	0
7.	Unallocated funding obligations that fund employee, union, or association of natural persons benefit plans protected by the Federal Pension Benefit Guaranty Corporation:				
	7.1 Amounts NOT in excess of $1 million per contract	XXX	XXX	XXX	0
	7.2 All amounts	XXX	XXX	XXX	0
	7.3 Amounts NOT in excess of $2 million per contract (New Jersey only)	XXX	XXX	XXX	0
8.	Unallocated funding obligations issued to fund government lotteries NOT in excess of $5 million per contractholder (New Jersey Only)	XXX	XXX	XXX	0
9.	Unallocated funding obligations that fund employee or association of natural persons benefit plans in excess of $2 million but NOT in excess of $5 million per contract (New Jersey Only)	XXX	XXX	XXX	0
10.	Aggregate write-ins for other deductions	0	0	0	0
	BASE				
11.	Current Year (2018)	1,778,168	0	1,024,667,273	0
	DETAILS OF WRITE-INS				
1001.					
1002.					
1003.					
1098.	Summary of remaining write-ins for Line 10 from overflow page	0	0	0	0
1099.	Totals (Lines 1001 thru 1003 plus 1098)(Line 10 above)	0	0	0	0



LIFE, HEALTH & ANNUITY GUARANTY ASSOCIATION MODEL ACT ASSESSMENT BASE RECONCILIATION EXHIBIT

FOR THE YEAR ENDED DECEMBER 31, 2018
(To Be Filed by April 1)

OF THE UnitedHealthcare Insurance Company NAIC COMPANY CODE 79413

DIRECT BUSINESS IN THE STATE OF: New Mexico

	PREMIUMS, CONSIDERATIONS AND DEPOSITS	1 Life Insurance Premiums	2 Annuity Considerations	3 A & H Premiums	4 Deposit-Type Contract Funds and Other Considerations
1.	Premiums, considerations and deposits from Schedule T or Exhibit of Premiums and Losses	764,059	0	599,296,697	0
2.	Premiums, considerations and deposits NOT reported in Schedule T or Exhibit of Premiums and Losses, including investment contract receipts credited to a liability account	0	0	0	0
	2.1 Contract fees for variable contracts with guarantees	0	0	0	0
	2.2 Any other premiums, considerations and deposits not reported in Schedule T or Exhibit of Premiums and Losses	0	0	0	0
3.	Amounts, if applicable, that were deducted prior to determining amounts included in Lines 1 or 2 which are in the following categories:				
	3.1 Transfers to guaranteed Separate Accounts	0	0	0	0
	3.2 Roll over of GICs or annuities into other companies	0	0	0	0
	3.3 Surrenders or other benefits paid out	0	0	0	0
	3.4 Excess interest credited to accounts	0	0	0	0
	3.5 Aggregate write-ins for other amounts deducted prior to determining amounts included in Lines 1 or 2	0	0	0	0
	3.99 Total (Lines 3.1 through 3.5)	0	0	0	0
4.	Transfers:				
	4.1 Enter in Column 2, as a negative number, and Column 4, as a positive number, the total of all amounts received to fund contracts established under Section 403(b) of the U.S. Internal Revenue Code, that are included in Column 2, Lines 1, 2 and 3.99	0	0	0	0
	4.2 Enter in Column 2, as a positive number, and Column 4, as a negative number, any amounts reported in Column 4, Lines 1, 2 and 3.99 that are allocated. (Note: amounts received to fund contracts established under Section 403(b) of the U.S. Internal Revenue Code, should not be included in line 4.2)	0	0	0	0
	4.3 Enter in Column 4, as a positive number, and Column 2, as a negative number, any amounts reported in Column 2, Lines 1, 2 and 3.99 that are unallocated	0	0	0	0
	4.99 Total (Lines 4.1 + 4.2 + 4.3)	0	0	0	0
5.	Total (Lines 1 + 2 + 3.99 + 4.99)	764,059	0	599,296,697	0
	DEVELOPMENT OF AMOUNTS INCLUDED IN LINES 1 THROUGH 5 THAT SHOULD BE DEDUCTED IN DETERMINING THE BASE Do not include any amount more than once in Lines 6 through 9				
6.	Aggregate write-ins for amounts where the insurer is not subject to risk. Premiums for portions of policies or contracts NOT guaranteed or under which the entire investment risk is borne by the policyholder. (Please specify such deductions and indicate where such amounts were reported in the Annual Statement)	0	0	0	0
7.	Amounts NOT allocated to individuals or individual certificate holders or amounts received for such contracts in excess of limits:				
	7.1 Unallocated funding obligations that do NOT fund government lotteries or employee, union, or association of natural persons benefit plans	XXX	XXX	XXX	0
	7.2 Unallocated funding obligations that fund any employee, union, or association of natural persons benefit plans protected by the Federal Pension Benefit Guaranty Corporation	XXX	XXX	XXX	0
	7.3 Unallocated funding obligations that fund governmental lotteries or employee, union, or association of natural persons benefit plans in excess of $5 million per contract which are NOT: (a) government retirement plans established under Sections 401, 403(b) or 457 of the U.S. Internal Revenue Code, or (b) protected by the Federal Pension Benefit Guaranty Corporation	XXX	XXX	XXX	0
	7.4 Total (Lines 7.1 + 7.2 + 7.3)	XXX	XXX	XXX	0
8.	Dividends/Experience rating credits paid or credited, but only if NOT guaranteed in advance (include only amounts NOT already deducted in determining Lines 1 and 2)	0	0	0	0
9.	Aggregate write-ins for Other Deductions	0	0	410,461,182	0
10.	Total (Lines 6 + 7.4 + 8 + 9)	0	0	410,461,182	0
	MODEL ACT BASE (Line 5 minus Line 10)				
11.	Current Year	764,059	0	188,835,515	0
	DETAILS OF WRITE-INS				
3.501.					
3.502.					
3.503.					
3.598.	Summary of remaining write-ins for Line 3.5 from overflow page	0	0	0	0
3.599.	Totals (Lines 3.501 thru 3.503 plus 3.598)(Line 3.5 above)	0	0	0	0
0601.					
0602.					
0603.					
0698.	Summary of remaining write-ins for Line 6 from overflow page	0	0	0	0
0699.	Totals (Lines 0601 thru 0603 plus 0698)(Line 6 above)	0	0	0	0
0901.	Medicare Part C & D	0	0	406,439,803	0
0902.	Stop Loss	0	0	4,021,379	0
0903.	Medicaid	0	0	0	0
0998.	Summary of remaining write-ins for Line 9 from overflow page	0	0	0	0
0999.	Totals (Lines 0901 thru 0903 plus 0998)(Line 9 above)	0	0	410,461,182	0

7 9 4 1 3 2 0 1 8 3 0 0 3 2 1 0 0

ADJUSTMENTS TO THE LIFE, HEALTH & ANNUITY GUARANTY ASSOCIATION MODEL ACT ASSESSMENT BASE RECONCILIATION EXHIBIT

FOR THE YEAR ENDED DECEMBER 31, 2018
(To Be Filed by April 1)

OF THE UnitedHealthcare Insurance Company NAIC COMPANY CODE 79413

DIRECT BUSINESS IN THE STATE OF: New Mexico

		1 Life Insurance Premiums	2 Allocated Annuity and Other Allocated Fund Deposits	3 Accident & Health Premium	4 Unallocated Annuity & Other Unallocated Fund Deposits
1.	MODEL ACT BASE (Line 11 of the Reconciliation Exhibit)	764,059	0	188,835,515	0
	AMOUNTS REQUIRED TO DETERMINE THIS STATE'S ASSESSMENT BASE				
2.	Enter in Column 2, as a positive number, and Column 4, as a negative number, the total of all amounts received to fund allocated contracts established under Section 403(b) of the U.S. Internal Revenue Code that are included in Column 4, Line 1 above	XXX	0	XXX	0
3.	Unallocated funding obligations that do NOT fund government lotteries or employee, union, or association of natural persons benefit plans:				
	3.1 Amounts NOT in excess of $1 million per contract	XXX	XXX	XXX	0
	3.2 All amounts	XXX	XXX	XXX	0
4.	Unallocated funding obligations issued to fund government lotteries or employee, union, or association of natural persons benefit plans which are NOT:				
	(a) governmental retirement plans established under Sections 401, 403(b) or 457 of the U.S. Internal Revenue Code, or				
	(b) protected by the Federal Pension Benefit Guaranty Corporation:				
	4.1 Amounts NOT in excess of $1 million per contract	XXX	XXX	XXX	0
	4.2 Amounts in excess of $1 million but NOT in excess of $5 million per contract	XXX	XXX	XXX	0
	4.3 Amounts in excess of $5 million per contract	XXX	XXX	XXX	0
	4.4 Total (Lines 4.1 + 4.2 + 4.3)	XXX	XXX	XXX	0
	4.5 Amounts up to $7.5 million, per contract (Minnesota only)	XXX	XXX	XXX	0
5.	Unallocated funding obligations issued to fund governmental retirement plans established under Sections 401 and 457 of the U.S. Internal Revenue Code:				
	5.1 Amounts in excess of $1 million per contract	XXX	XXX	XXX	0
	5.2 All amounts	XXX	XXX	XXX	0
	5.3 Amounts in excess of $2 million per contract (New Jersey Only)	XXX	XXX	XXX	0
	5.4 Amounts not in excess of $7.5 million per contract (Minnesota Only)	XXX	XXX	XXX	0
6.	Unallocated funding obligations issued to fund governmental retirement plans established under Sections 403(b) of the U.S. Internal Revenue Code:				
	6.1 Amounts NOT in excess of $1 million per contract	XXX	XXX	XXX	0
	6.2 Amounts in excess of $1 million per contract	XXX	XXX	XXX	0
	6.3 Total (Lines 6.1 + 6.2)	XXX	XXX	XXX	0
	6.4 Amounts in excess of $2 million per contract (New Jersey Only)	XXX	XXX	XXX	0
	6.5 Amounts not in excess of $7.5 million per contract (Minnesota Only)	XXX	XXX	XXX	0
7.	Unallocated funding obligations that fund employee, union, or association of natural persons benefit plans protected by the Federal Pension Benefit Guaranty Corporation:				
	7.1 Amounts NOT in excess of $1 million per contract	XXX	XXX	XXX	0
	7.2 All amounts	XXX	XXX	XXX	0
	7.3 Amounts NOT in excess of $2 million per contract (New Jersey only)	XXX	XXX	XXX	0
8.	Unallocated funding obligations issued to fund government lotteries NOT in excess of $5 million per contractholder (New Jersey Only)	XXX	XXX	XXX	0
9.	Unallocated funding obligations that fund employee or association of natural persons benefit plans in excess of $2 million but NOT in excess of $5 million per contract (New Jersey Only)	XXX	XXX	XXX	0
10.	Aggregate write-ins for other deductions	0	0	0	0
	BASE				
11.	Current Year (2018)	764,059	0	188,835,515	0
	DETAILS OF WRITE-INS				
1001.					
1002.					
1003.					
1098.	Summary of remaining write-ins for Line 10 from overflow page	0	0	0	0
1099.	Totals (Lines 1001 thru 1003 plus 1098)(Line 10 above)	0	0	0	0



LIFE, HEALTH & ANNUITY GUARANTY ASSOCIATION MODEL ACT ASSESSMENT BASE RECONCILIATION EXHIBIT

FOR THE YEAR ENDED DECEMBER 31, 2018
(To Be Filed by April 1)

OF THE UnitedHealthcare Insurance Company NAIC COMPANY CODE 79413

DIRECT BUSINESS IN THE STATE OF: New York

	PREMIUMS, CONSIDERATIONS AND DEPOSITS	1 Life Insurance Premiums	2 Annuity Considerations	3 A & H Premiums	4 Deposit-Type Contract Funds and Other Considerations
1.	Premiums, considerations and deposits from Schedule T or Exhibit of Premiums and Losses	2,812,830	0	282,183,490	0
2.	Premiums, considerations and deposits NOT reported in Schedule T or Exhibit of Premiums and Losses, including investment contract receipts credited to a liability account	0	0	0	0
	2.1 Contract fees for variable contracts with guarantees	0	0	0	0
	2.2 Any other premiums, considerations and deposits not reported in Schedule T or Exhibit of Premiums and Losses	0	0	0	0
3.	Amounts, if applicable, that were deducted prior to determining amounts included in Lines 1 or 2 which are in the following categories:				
	3.1 Transfers to guaranteed Separate Accounts	0	0	0	0
	3.2 Roll over of GICs or annuities into other companies	0	0	0	0
	3.3 Surrenders or other benefits paid out	0	0	0	0
	3.4 Excess interest credited to accounts	0	0	0	0
	3.5 Aggregate write-ins for other amounts deducted prior to determining amounts included in Lines 1 or 2	0	0	0	0
	3.99 Total (Lines 3.1 through 3.5)	0	0	0	0
4.	Transfers:				
	4.1 Enter in Column 2, as a negative number, and Column 4, as a positive number, the total of all amounts received to fund contracts established under Section 403(b) of the U.S. Internal Revenue Code, that are included in Column 2, Lines 1, 2 and 3.99	0	0	0	0
	4.2 Enter in Column 2, as a positive number, and Column 4, as a negative number, any amounts reported in Column 4, Lines 1, 2 and 3.99 that are allocated. (Note: amounts received to fund contracts established under Section 403(b) of the U.S. Internal Revenue Code, should not be included in line 4.2)	0	0	0	0
	4.3 Enter in Column 4, as a positive number, and Column 2, as a negative number, any amounts reported in Column 2, Lines 1, 2 and 3.99 that are unallocated	0	0	0	0
	4.99 Total (Lines 4.1 + 4.2 + 4.3)	0	0	0	0
5.	Total (Lines 1 + 2 + 3.99 + 4.99)	2,812,830	0	282,183,490	0
	DEVELOPMENT OF AMOUNTS INCLUDED IN LINES 1 THROUGH 5 THAT SHOULD BE DEDUCTED IN DETERMINING THE BASE Do not include any amount more than once in Lines 6 through 9				
6.	Aggregate write-ins for amounts where the insurer is not subject to risk. Premiums for portions of policies or contracts NOT guaranteed or under which the entire investment risk is borne by the policyholder. (Please specify such deductions and indicate where such amounts were reported in the Annual Statement)	0	0	0	0
7.	Amounts NOT allocated to individuals or individual certificate holders or amounts received for such contracts in excess of limits:				
	7.1 Unallocated funding obligations that do NOT fund government lotteries or employee, union, or association of natural persons benefit plans	XXX	XXX	XXX	0
	7.2 Unallocated funding obligations that fund any employee, union, or association of natural persons benefit plans protected by the Federal Pension Benefit Guaranty Corporation	XXX	XXX	XXX	0
	7.3 Unallocated funding obligations that fund governmental lotteries or employee, union, or association of natural persons benefit plans in excess of $5 million per contract which are NOT: (a) government retirement plans established under Sections 401, 403(b) or 457 of the U.S. Internal Revenue Code, or (b) protected by the Federal Pension Benefit Guaranty Corporation	XXX	XXX	XXX	0
	7.4 Total (Lines 7.1 + 7.2 + 7.3)	XXX	XXX	XXX	0
8.	Dividends/Experience rating credits paid or credited, but only if NOT guaranteed in advance (include only amounts NOT already deducted in determining Lines 1 and 2)	0	0	0	0
9.	Aggregate write-ins for Other Deductions	0	0	11,158,966	0
10.	Total (Lines 6 + 7.4 + 8 + 9)	0	0	11,158,966	0
	MODEL ACT BASE (Line 5 minus Line 10)				
11.	Current Year	2,812,830	0	271,024,524	0
	DETAILS OF WRITE-INS				
3.501.					
3.502.					
3.503.					
3.598.	Summary of remaining write-ins for Line 3.5 from overflow page	0	0	0	0
3.599.	Totals (Lines 3.501 thru 3.503 plus 3.598)(Line 3.5 above)	0	0	0	0
0601.					
0602.					
0603.					
0698.	Summary of remaining write-ins for Line 6 from overflow page	0	0	0	0
0699.	Totals (Lines 0601 thru 0603 plus 0698)(Line 6 above)	0	0	0	0
0901.	Medicare Part C & D	0	0	0	0
0902.	Stop Loss	0	0	11,158,966	0
0903.	Medicaid	0	0	0	0
0998.	Summary of remaining write-ins for Line 9 from overflow page	0	0	0	0
0999.	Totals (Lines 0901 thru 0903 plus 0998)(Line 9 above)	0	0	11,158,966	0



ADJUSTMENTS TO THE LIFE, HEALTH & ANNUITY GUARANTY ASSOCIATION MODEL ACT ASSESSMENT BASE RECONCILIATION EXHIBIT

FOR THE YEAR ENDED DECEMBER 31, 2018
(To Be Filed by April 1)

OF THE UnitedHealthcare Insurance Company NAIC COMPANY CODE 79413

DIRECT BUSINESS IN THE STATE OF: New York

		1 Life Insurance Premiums	2 Allocated Annuity and Other Allocated Fund Deposits	3 Accident & Health Premium	4 Unallocated Annuity & Other Unallocated Fund Deposits
1.	MODEL ACT BASE (Line 11 of the Reconciliation Exhibit)	2,812,830	0	271,024,524	0
	AMOUNTS REQUIRED TO DETERMINE THIS STATE'S ASSESSMENT BASE				
2.	Enter in Column 2, as a positive number, and Column 4, as a negative number, the total of all amounts received to fund allocated contracts established under Section 403(b) of the U.S. Internal Revenue Code that are included in Column 4, Line 1 above	XXX	0	XXX	0
3.	Unallocated funding obligations that do NOT fund government lotteries or employee, union, or association of natural persons benefit plans:				
	3.1 Amounts NOT in excess of $1 million per contract	XXX	XXX	XXX	0
	3.2 All amounts	XXX	XXX	XXX	0
4.	Unallocated funding obligations issued to fund government lotteries or employee, union, or association of natural persons benefit plans which are NOT:				
	(a) governmental retirement plans established under Sections 401, 403(b) or 457 of the U.S. Internal Revenue Code, or				
	(b) protected by the Federal Pension Benefit Guaranty Corporation:				
	4.1 Amounts NOT in excess of $1 million per contract	XXX	XXX	XXX	0
	4.2 Amounts in excess of $1 million but NOT in excess of $5 million per contract	XXX	XXX	XXX	0
	4.3 Amounts in excess of $5 million per contract	XXX	XXX	XXX	0
	4.4 Total (Lines 4.1 + 4.2 + 4.3)	XXX	XXX	XXX	0
	4.5 Amounts up to $7.5 million, per contract (Minnesota only)	XXX	XXX	XXX	0
5.	Unallocated funding obligations issued to fund governmental retirement plans established under Sections 401 and 457 of the U.S. Internal Revenue Code:				
	5.1 Amounts in excess of $1 million per contract	XXX	XXX	XXX	0
	5.2 All amounts	XXX	XXX	XXX	0
	5.3 Amounts in excess of $2 million per contract (New Jersey Only)	XXX	XXX	XXX	0
	5.4 Amounts not in excess of $7.5 million per contract (Minnesota Only)	XXX	XXX	XXX	0
6.	Unallocated funding obligations issued to fund governmental retirement plans established under Sections 403(b) of the U.S. Internal Revenue Code:				
	6.1 Amounts NOT in excess of $1 million per contract	XXX	XXX	XXX	0
	6.2 Amounts in excess of $1 million per contract	XXX	XXX	XXX	0
	6.3 Total (Lines 6.1 + 6.2)	XXX	XXX	XXX	0
	6.4 Amounts in excess of $2 million per contract (New Jersey Only)	XXX	XXX	XXX	0
	6.5 Amounts not in excess of $7.5 million per contract (Minnesota Only)	XXX	XXX	XXX	0
7.	Unallocated funding obligations that fund employee, union, or association of natural persons benefit plans protected by the Federal Pension Benefit Guaranty Corporation:				
	7.1 Amounts NOT in excess of $1 million per contract	XXX	XXX	XXX	0
	7.2 All amounts	XXX	XXX	XXX	0
	7.3 Amounts NOT in excess of $2 million per contract (New Jersey only)	XXX	XXX	XXX	0
8.	Unallocated funding obligations issued to fund government lotteries NOT in excess of $5 million per contractholder (New Jersey Only)	XXX	XXX	XXX	0
9.	Unallocated funding obligations that fund employee or association of natural persons benefit plans in excess of $2 million but NOT in excess of $5 million per contract (New Jersey Only)	XXX	XXX	XXX	0
10.	Aggregate write-ins for other deductions	0	0	0	0
	BASE				
11.	Current Year (2018)	2,812,830	0	271,024,524	0
	DETAILS OF WRITE-INS				
1001.					
1002.					
1003.					
1098.	Summary of remaining write-ins for Line 10 from overflow page	0	0	0	0
1099.	Totals (Lines 1001 thru 1003 plus 1098)(Line 10 above)	0	0	0	0



LIFE, HEALTH & ANNUITY GUARANTY ASSOCIATION MODEL ACT ASSESSMENT BASE RECONCILIATION EXHIBIT

FOR THE YEAR ENDED DECEMBER 31, 2018
(To Be Filed by April 1)

OF THE UnitedHealthcare Insurance Company NAIC COMPANY CODE 79413

DIRECT BUSINESS IN THE STATE OF: North Carolina

	PREMIUMS, CONSIDERATIONS AND DEPOSITS	1 Life Insurance Premiums	2 Annuity Considerations	3 A & H Premiums	4 Deposit-Type Contract Funds and Other Considerations
1.	Premiums, considerations and deposits from Schedule T or Exhibit of Premiums and Losses	8,825,738	0	1,546,880,952	0
2.	Premiums, considerations and deposits NOT reported in Schedule T or Exhibit of Premiums and Losses, including investment contract receipts credited to a liability account	0	0	0	0
	2.1 Contract fees for variable contracts with guarantees	0	0	0	0
	2.2 Any other premiums, considerations and deposits not reported in Schedule T or Exhibit of Premiums and Losses	0	0	0	0
3.	Amounts, if applicable, that were deducted prior to determining amounts included in Lines 1 or 2 which are in the following categories:				
	3.1 Transfers to guaranteed Separate Accounts	0	0	0	0
	3.2 Roll over of GICs or annuities into other companies	0	0	0	0
	3.3 Surrenders or other benefits paid out	0	0	0	0
	3.4 Excess interest credited to accounts	0	0	0	0
	3.5 Aggregate write-ins for other amounts deducted prior to determining amounts included in Lines 1 or 2	0	0	0	0
	3.99 Total (Lines 3.1 through 3.5)	0	0	0	0
4.	Transfers:				
	4.1 Enter in Column 2, as a negative number, and Column 4, as a positive number, the total of all amounts received to fund contracts established under Section 403(b) of the U.S. Internal Revenue Code, that are included in Column 2, Lines 1, 2 and 3.99	0	0	0	0
	4.2 Enter in Column 2, as a positive number, and Column 4, as a negative number, any amounts reported in Column 4, Lines 1, 2 and 3.99 that are allocated. (Note: amounts received to fund contracts established under Section 403(b) of the U.S. Internal Revenue Code, should not be included in line 4.2)	0	0	0	0
	4.3 Enter in Column 4, as a positive number, and Column 2, as a negative number, any amounts reported in Column 2, Lines 1, 2 and 3.99 that are unallocated	0	0	0	0
	4.99 Total (Lines 4.1 + 4.2 + 4.3)	0	0	0	0
5.	Total (Lines 1 + 2 + 3.99 + 4.99)	8,825,738	0	1,546,880,952	0
	DEVELOPMENT OF AMOUNTS INCLUDED IN LINES 1 THROUGH 5 THAT SHOULD BE DEDUCTED IN DETERMINING THE BASE Do not include any amount more than once in Lines 6 through 9				
6.	Aggregate write-ins for amounts where the insurer is not subject to risk. Premiums for portions of policies or contracts NOT guaranteed or under which the entire investment risk is borne by the policyholder. (Please specify such deductions and indicate where such amounts were reported in the Annual Statement)	0	0	0	0
7.	Amounts NOT allocated to individuals or individual certificate holders or amounts received for such contracts in excess of limits:				
	7.1 Unallocated funding obligations that do NOT fund government lotteries or employee, union, or association of natural persons benefit plans	XXX	XXX	XXX	0
	7.2 Unallocated funding obligations that fund any employee, union, or association of natural persons benefit plans protected by the Federal Pension Benefit Guaranty Corporation	XXX	XXX	XXX	0
	7.3 Unallocated funding obligations that fund governmental lotteries or employee, union, or association of natural persons benefit plans in excess of $5 million per contract which are NOT: (a) government retirement plans established under Sections 401, 403(b) or 457 of the U.S. Internal Revenue Code, or (b) protected by the Federal Pension Benefit Guaranty Corporation	XXX	XXX	XXX	0
	7.4 Total (Lines 7.1 + 7.2 + 7.3)	XXX	XXX	XXX	0
8.	Dividends/Experience rating credits paid or credited, but only if NOT guaranteed in advance (include only amounts NOT already deducted in determining Lines 1 and 2)	0	0	0	0
9.	Aggregate write-ins for Other Deductions	0	0	316,759,444	0
10.	Total (Lines 6 + 7.4 + 8 + 9)	0	0	316,759,444	0
	MODEL ACT BASE (Line 5 minus Line 10)				
11.	Current Year	8,825,738	0	1,230,121,508	0
	DETAILS OF WRITE-INS				
3.501.					
3.502.					
3.503.					
3.598.	Summary of remaining write-ins for Line 3.5 from overflow page	0	0	0	0
3.599.	Totals (Lines 3.501 thru 3.503 plus 3.598)(Line 3.5 above)	0	0	0	0
0601.					
0602.					
0603.					
0698.	Summary of remaining write-ins for Line 6 from overflow page	0	0	0	0
0699.	Totals (Lines 0601 thru 0603 plus 0698)(Line 6 above)	0	0	0	0
0901.	Medicare Part C & D	0	0	301,073,824	0
0902.	Stop Loss	0	0	15,685,620	0
0903.	Medicaid	0	0	0	0
0998.	Summary of remaining write-ins for Line 9 from overflow page	0	0	0	0
0999.	Totals (Lines 0901 thru 0903 plus 0998)(Line 9 above)	0	0	316,759,444	0



LIFE, HEALTH & ANNUITY GUARANTY ASSOCIATION MODEL ACT ASSESSMENT BASE RECONCILIATION EXHIBIT

FOR THE YEAR ENDED DECEMBER 31, 2018
(To Be Filed by April 1)

OF THE UnitedHealthcare Insurance Company NAIC COMPANY CODE 79413

DIRECT BUSINESS IN THE STATE OF: North Dakota

	PREMIUMS, CONSIDERATIONS AND DEPOSITS	1 Life Insurance Premiums	2 Annuity Considerations	3 A & H Premiums	4 Deposit-Type Contract Funds and Other Considerations
1.	Premiums, considerations and deposits from Schedule T or Exhibit of Premiums and Losses	58,073	0	23,219,349	0
2.	Premiums, considerations and deposits NOT reported in Schedule T or Exhibit of Premiums and Losses, including investment contract receipts credited to a liability account	0	0	0	0
	2.1 Contract fees for variable contracts with guarantees	0	0	0	0
	2.2 Any other premiums, considerations and deposits not reported in Schedule T or Exhibit of Premiums and Losses	0	0	0	0
3.	Amounts, if applicable, that were deducted prior to determining amounts included in Lines 1 or 2 which are in the following categories:				
	3.1 Transfers to guaranteed Separate Accounts	0	0	0	0
	3.2 Roll over of GICs or annuities into other companies	0	0	0	0
	3.3 Surrenders or other benefits paid out	0	0	0	0
	3.4 Excess interest credited to accounts	0	0	0	0
	3.5 Aggregate write-ins for other amounts deducted prior to determining amounts included in Lines 1 or 2	0	0	0	0
	3.99 Total (Lines 3.1 through 3.5)	0	0	0	0
4.	Transfers:				
	4.1 Enter in Column 2, as a negative number, and Column 4, as a positive number, the total of all amounts received to fund contracts established under Section 403(b) of the U.S. Internal Revenue Code, that are included in Column 2, Lines 1, 2 and 3.99	0	0	0	0
	4.2 Enter in Column 2, as a positive number, and Column 4, as a negative number, any amounts reported in Column 4, Lines 1, 2 and 3.99 that are allocated. (Note: amounts received to fund contracts established under Section 403(b) of the U.S. Internal Revenue Code, should not be included in line 4.2)	0	0	0	0
	4.3 Enter in Column 4, as a positive number, and Column 2, as a negative number, any amounts reported in Column 2, Lines 1, 2 and 3.99 that are unallocated	0	0	0	0
	4.99 Total (Lines 4.1 + 4.2 + 4.3)	0	0	0	0
5.	Total (Lines 1 + 2 + 3.99 + 4.99)	58,073	0	23,219,349	0
	DEVELOPMENT OF AMOUNTS INCLUDED IN LINES 1 THROUGH 5 THAT SHOULD BE DEDUCTED IN DETERMINING THE BASE Do not include any amount more than once in Lines 6 through 9				
6.	Aggregate write-ins for amounts where the insurer is not subject to risk. Premiums for portions of policies or contracts NOT guaranteed or under which the entire investment risk is borne by the policyholder. (Please specify such deductions and indicate where such amounts were reported in the Annual Statement)	0	0	0	0
7.	Amounts NOT allocated to individuals or individual certificate holders or amounts received for such contracts in excess of limits:				
	7.1 Unallocated funding obligations that do NOT fund government lotteries or employee, union, or association of natural persons benefit plans	XXX	XXX	XXX	0
	7.2 Unallocated funding obligations that fund any employee, union, or association of natural persons benefit plans protected by the Federal Pension Benefit Guaranty Corporation	XXX	XXX	XXX	0
	7.3 Unallocated funding obligations that fund governmental lotteries or employee, union, or association of natural persons benefit plans in excess of $5 million per contract which are NOT: (a) government retirement plans established under Sections 401, 403(b) or 457 of the U.S. Internal Revenue Code, or (b) protected by the Federal Pension Benefit Guaranty Corporation	XXX	XXX	XXX	0
	7.4 Total (Lines 7.1 + 7.2 + 7.3)	XXX	XXX	XXX	0
8.	Dividends/Experience rating credits paid or credited, but only if NOT guaranteed in advance (include only amounts NOT already deducted in determining Lines 1 and 2)	0	0	0	0
9.	Aggregate write-ins for Other Deductions	0	0	3,448,273	0
10.	Total (Lines 6 + 7.4 + 8 + 9)	0	0	3,448,273	0
	MODEL ACT BASE (Line 5 minus Line 10)				
11.	Current Year	58,073	0	19,771,076	0
	DETAILS OF WRITE-INS				
3.501.					
3.502.					
3.503.					
3.598.	Summary of remaining write-ins for Line 3.5 from overflow page	0	0	0	0
3.599.	Totals (Lines 3.501 thru 3.503 plus 3.598)(Line 3.5 above)	0	0	0	0
0601.					
0602.					
0603.					
0698.	Summary of remaining write-ins for Line 6 from overflow page	0	0	0	0
0699.	Totals (Lines 0601 thru 0603 plus 0698)(Line 6 above)	0	0	0	0
0901.	Medicare Part C & D	0	0	3,128,675	0
0902.	Stop Loss	0	0	319,598	0
0903.	Medicaid	0	0	0	0
0998.	Summary of remaining write-ins for Line 9 from overflow page	0	0	0	0
0999.	Totals (Lines 0901 thru 0903 plus 0998)(Line 9 above)	0	0	3,448,273	0



ADJUSTMENTS TO THE LIFE, HEALTH & ANNUITY GUARANTY ASSOCIATION MODEL ACT ASSESSMENT BASE RECONCILIATION EXHIBIT

FOR THE YEAR ENDED DECEMBER 31, 2018
(To Be Filed by April 1)

OF THE UnitedHealthcare Insurance Company NAIC COMPANY CODE 79413

DIRECT BUSINESS IN THE STATE OF: North Dakota

		1 Life Insurance Premiums	2 Allocated Annuity and Other Allocated Fund Deposits	3 Accident & Health Premium	4 Unallocated Annuity & Other Unallocated Fund Deposits
1.	MODEL ACT BASE (Line 11 of the Reconciliation Exhibit)	58,073	0	19,771,076	0
	AMOUNTS REQUIRED TO DETERMINE THIS STATE'S ASSESSMENT BASE				
2.	Enter in Column 2, as a positive number, and Column 4, as a negative number, the total of all amounts received to fund allocated contracts established under Section 403(b) of the U.S. Internal Revenue Code that are included in Column 4, Line 1 above	XXX	0	XXX	0
3.	Unallocated funding obligations that do NOT fund government lotteries or employee, union, or association of natural persons benefit plans:				
	3.1 Amounts NOT in excess of $1 million per contract	XXX	XXX	XXX	0
	3.2 All amounts	XXX	XXX	XXX	0
4.	Unallocated funding obligations issued to fund government lotteries or employee, union, or association of natural persons benefit plans which are NOT:				
	(a) governmental retirement plans established under Sections 401, 403(b) or 457 of the U.S. Internal Revenue Code, or				
	(b) protected by the Federal Pension Benefit Guaranty Corporation:				
	4.1 Amounts NOT in excess of $1 million per contract	XXX	XXX	XXX	0
	4.2 Amounts in excess of $1 million but NOT in excess of $5 million per contract	XXX	XXX	XXX	0
	4.3 Amounts in excess of $5 million per contract	XXX	XXX	XXX	0
	4.4 Total (Lines 4.1 + 4.2 + 4.3)	XXX	XXX	XXX	0
	4.5 Amounts up to $7.5 million, per contract (Minnesota only)	XXX	XXX	XXX	0
5.	Unallocated funding obligations issued to fund governmental retirement plans established under Sections 401 and 457 of the U.S. Internal Revenue Code:				
	5.1 Amounts in excess of $1 million per contract	XXX	XXX	XXX	0
	5.2 All amounts	XXX	XXX	XXX	0
	5.3 Amounts in excess of $2 million per contract (New Jersey Only)	XXX	XXX	XXX	0
	5.4 Amounts not in excess of $7.5 million per contract (Minnesota Only)	XXX	XXX	XXX	0
6.	Unallocated funding obligations issued to fund governmental retirement plans established under Sections 403(b) of the U.S. Internal Revenue Code:				
	6.1 Amounts NOT in excess of $1 million per contract	XXX	XXX	XXX	0
	6.2 Amounts in excess of $1 million per contract	XXX	XXX	XXX	0
	6.3 Total (Lines 6.1 + 6.2)	XXX	XXX	XXX	0
	6.4 Amounts in excess of $2 million per contract (New Jersey Only)	XXX	XXX	XXX	0
	6.5 Amounts not in excess of $7.5 million per contract (Minnesota Only)	XXX	XXX	XXX	0
7.	Unallocated funding obligations that fund employee, union, or association of natural persons benefit plans protected by the Federal Pension Benefit Guaranty Corporation:				
	7.1 Amounts NOT in excess of $1 million per contract	XXX	XXX	XXX	0
	7.2 All amounts	XXX	XXX	XXX	0
	7.3 Amounts NOT in excess of $2 million per contract (New Jersey only)	XXX	XXX	XXX	0
8.	Unallocated funding obligations issued to fund government lotteries NOT in excess of $5 million per contractholder (New Jersey Only)	XXX	XXX	XXX	0
9.	Unallocated funding obligations that fund employee or association of natural persons benefit plans in excess of $2 million but NOT in excess of $5 million per contract (New Jersey Only)	XXX	XXX	XXX	0
10.	Aggregate write-ins for other deductions	0	0	0	0
	BASE				
11.	Current Year (2018)	58,073	0	19,771,076	0
	DETAILS OF WRITE-INS				
1001.					
1002.					
1003.					
1098.	Summary of remaining write-ins for Line 10 from overflow page	0	0	0	0
1099.	Totals (Lines 1001 thru 1003 plus 1098)(Line 10 above)	0	0	0	0



LIFE, HEALTH & ANNUITY GUARANTY ASSOCIATION MODEL ACT ASSESSMENT BASE RECONCILIATION EXHIBIT

FOR THE YEAR ENDED DECEMBER 31, 2018
(To Be Filed by April 1)

OF THE UnitedHealthcare Insurance Company NAIC COMPANY CODE 79413

DIRECT BUSINESS IN THE STATE OF: Ohio

	PREMIUMS, CONSIDERATIONS AND DEPOSITS	1 Life Insurance Premiums	2 Annuity Considerations	3 A & H Premiums	4 Deposit-Type Contract Funds and Other Considerations
1.	Premiums, considerations and deposits from Schedule T or Exhibit of Premiums and Losses	4,513,163	0	1,557,897,332	0
2.	Premiums, considerations and deposits NOT reported in Schedule T or Exhibit of Premiums and Losses, including investment contract receipts credited to a liability account	0	0	0	0
	2.1 Contract fees for variable contracts with guarantees	0	0	0	0
	2.2 Any other premiums, considerations and deposits not reported in Schedule T or Exhibit of Premiums and Losses	0	0	0	0
3.	Amounts, if applicable, that were deducted prior to determining amounts included in Lines 1 or 2 which are in the following categories:				
	3.1 Transfers to guaranteed Separate Accounts	0	0	0	0
	3.2 Roll over of GICs or annuities into other companies	0	0	0	0
	3.3 Surrenders or other benefits paid out	0	0	0	0
	3.4 Excess interest credited to accounts	0	0	0	0
	3.5 Aggregate write-ins for other amounts deducted prior to determining amounts included in Lines 1 or 2	0	0	0	0
	3.99 Total (Lines 3.1 through 3.5)	0	0	0	0
4.	Transfers:				
	4.1 Enter in Column 2, as a negative number, and Column 4, as a positive number, the total of all amounts received to fund contracts established under Section 403(b) of the U.S. Internal Revenue Code, that are included in Column 2, Lines 1, 2 and 3.99	0	0	0	0
	4.2 Enter in Column 2, as a positive number, and Column 4, as a negative number, any amounts reported in Column 4, Lines 1, 2 and 3.99 that are allocated. (Note: amounts received to fund contracts established under Section 403(b) of the U.S. Internal Revenue Code, should not be included in line 4.2)	0	0	0	0
	4.3 Enter in Column 4, as a positive number, and Column 2, as a negative number, any amounts reported in Column 2, Lines 1, 2 and 3.99 that are unallocated	0	0	0	0
	4.99 Total (Lines 4.1 + 4.2 + 4.3)	0	0	0	0
5.	Total (Lines 1 + 2 + 3.99 + 4.99)	4,513,163	0	1,557,897,332	0
	DEVELOPMENT OF AMOUNTS INCLUDED IN LINES 1 THROUGH 5 THAT SHOULD BE DEDUCTED IN DETERMINING THE BASE Do not include any amount more than once in Lines 6 through 9				
6.	Aggregate write-ins for amounts where the insurer is not subject to risk. Premiums for portions of policies or contracts NOT guaranteed or under which the entire investment risk is borne by the policyholder. (Please specify such deductions and indicate where such amounts were reported in the Annual Statement)	0	0	0	0
7.	Amounts NOT allocated to individuals or individual certificate holders or amounts received for such contracts in excess of limits:				
	7.1 Unallocated funding obligations that do NOT fund government lotteries or employee, union, or association of natural persons benefit plans	XXX	XXX	XXX	0
	7.2 Unallocated funding obligations that fund any employee, union, or association of natural persons benefit plans protected by the Federal Pension Benefit Guaranty Corporation	XXX	XXX	XXX	0
	7.3 Unallocated funding obligations that fund governmental lotteries or employee, union, or association of natural persons benefit plans in excess of $5 million per contract which are NOT: (a) government retirement plans established under Sections 401, 403(b) or 457 of the U.S. Internal Revenue Code, or (b) protected by the Federal Pension Benefit Guaranty Corporation	XXX	XXX	XXX	0
	7.4 Total (Lines 7.1 + 7.2 + 7.3)	XXX	XXX	XXX	0
8.	Dividends/Experience rating credits paid or credited, but only if NOT guaranteed in advance (include only amounts NOT already deducted in determining Lines 1 and 2)	0	0	0	0
9.	Aggregate write-ins for Other Deductions	0	0	210,827,091	0
10.	Total (Lines 6 + 7.4 + 8 + 9)	0	0	210,827,091	0
	MODEL ACT BASE (Line 5 minus Line 10)				
11.	Current Year	4,513,163	0	1,347,070,241	0
	DETAILS OF WRITE-INS				
3.501.					
3.502.					
3.503.					
3.598.	Summary of remaining write-ins for Line 3.5 from overflow page	0	0	0	0
3.599.	Totals (Lines 3.501 thru 3.503 plus 3.598)(Line 3.5 above)	0	0	0	0
0601.					
0602.					
0603.					
0698.	Summary of remaining write-ins for Line 6 from overflow page	0	0	0	0
0699.	Totals (Lines 0601 thru 0603 plus 0698)(Line 6 above)	0	0	0	0
0901.	Medicare Part C & D	0	0	156,375,228	0
0902.	Stop Loss	0	0	54,451,863	0
0903.	Medicaid	0	0	0	0
0998.	Summary of remaining write-ins for Line 9 from overflow page	0	0	0	0
0999.	Totals (Lines 0901 thru 0903 plus 0998)(Line 9 above)	0	0	210,827,091	0



ADJUSTMENTS TO THE LIFE, HEALTH & ANNUITY GUARANTY ASSOCIATION MODEL ACT ASSESSMENT BASE RECONCILIATION EXHIBIT

FOR THE YEAR ENDED DECEMBER 31, 2018
(To Be Filed by April 1)

OF THE UnitedHealthcare Insurance Company NAIC COMPANY CODE 79413

DIRECT BUSINESS IN THE STATE OF: Ohio

		1 Life Insurance Premiums	2 Allocated Annuity and Other Allocated Fund Deposits	3 Accident & Health Premium	4 Unallocated Annuity & Other Unallocated Fund Deposits
1.	MODEL ACT BASE (Line 11 of the Reconciliation Exhibit)	4,513,163	0	1,347,070,241	0
	AMOUNTS REQUIRED TO DETERMINE THIS STATE'S ASSESSMENT BASE				
2.	Enter in Column 2, as a positive number, and Column 4, as a negative number, the total of all amounts received to fund allocated contracts established under Section 403(b) of the U.S. Internal Revenue Code that are included in Column 4, Line 1 above	XXX	0	XXX	0
3.	Unallocated funding obligations that do NOT fund government lotteries or employee, union, or association of natural persons benefit plans:				
	3.1 Amounts NOT in excess of $1 million per contract	XXX	XXX	XXX	0
	3.2 All amounts	XXX	XXX	XXX	0
4.	Unallocated funding obligations issued to fund government lotteries or employee, union, or association of natural persons benefit plans which are NOT:				
	(a) governmental retirement plans established under Sections 401, 403(b) or 457 of the U.S. Internal Revenue Code, or				
	(b) protected by the Federal Pension Benefit Guaranty Corporation:				
	4.1 Amounts NOT in excess of $1 million per contract	XXX	XXX	XXX	0
	4.2 Amounts in excess of $1 million but NOT in excess of $5 million per contract	XXX	XXX	XXX	0
	4.3 Amounts in excess of $5 million per contract	XXX	XXX	XXX	0
	4.4 Total (Lines 4.1 + 4.2 + 4.3)	XXX	XXX	XXX	0
	4.5 Amounts up to $7.5 million, per contract (Minnesota only)	XXX	XXX	XXX	0
5.	Unallocated funding obligations issued to fund governmental retirement plans established under Sections 401 and 457 of the U.S. Internal Revenue Code:				
	5.1 Amounts in excess of $1 million per contract	XXX	XXX	XXX	0
	5.2 All amounts	XXX	XXX	XXX	0
	5.3 Amounts in excess of $2 million per contract (New Jersey Only)	XXX	XXX	XXX	0
	5.4 Amounts not in excess of $7.5 million per contract (Minnesota Only)	XXX	XXX	XXX	0
6.	Unallocated funding obligations issued to fund governmental retirement plans established under Sections 403(b) of the U.S. Internal Revenue Code:				
	6.1 Amounts NOT in excess of $1 million per contract	XXX	XXX	XXX	0
	6.2 Amounts in excess of $1 million per contract	XXX	XXX	XXX	0
	6.3 Total (Lines 6.1 + 6.2)	XXX	XXX	XXX	0
	6.4 Amounts in excess of $2 million per contract (New Jersey Only)	XXX	XXX	XXX	0
	6.5 Amounts not in excess of $7.5 million per contract (Minnesota Only)	XXX	XXX	XXX	0
7.	Unallocated funding obligations that fund employee, union, or association of natural persons benefit plans protected by the Federal Pension Benefit Guaranty Corporation:				
	7.1 Amounts NOT in excess of $1 million per contract	XXX	XXX	XXX	0
	7.2 All amounts	XXX	XXX	XXX	0
	7.3 Amounts NOT in excess of $2 million per contract (New Jersey only)	XXX	XXX	XXX	0
8.	Unallocated funding obligations issued to fund government lotteries NOT in excess of $5 million per contractholder (New Jersey Only)	XXX	XXX	XXX	0
9.	Unallocated funding obligations that fund employee or association of natural persons benefit plans in excess of $2 million but NOT in excess of $5 million per contract (New Jersey Only)	XXX	XXX	XXX	0
10.	Aggregate write-ins for other deductions	0	0	0	0
	BASE				
11.	Current Year (2018)	4,513,163	0	1,347,070,241	0
	DETAILS OF WRITE-INS				
1001.					
1002.					
1003.					
1098.	Summary of remaining write-ins for Line 10 from overflow page	0	0	0	0
1099.	Totals (Lines 1001 thru 1003 plus 1098)(Line 10 above)	0	0	0	0



LIFE, HEALTH & ANNUITY GUARANTY ASSOCIATION MODEL ACT ASSESSMENT BASE RECONCILIATION EXHIBIT

FOR THE YEAR ENDED DECEMBER 31, 2018
(To Be Filed by April 1)

OF THE UnitedHealthcare Insurance Company NAIC COMPANY CODE 79413

DIRECT BUSINESS IN THE STATE OF: Oklahoma

	PREMIUMS, CONSIDERATIONS AND DEPOSITS	1 Life Insurance Premiums	2 Annuity Considerations	3 A & H Premiums	4 Deposit-Type Contract Funds and Other Considerations
1.	Premiums, considerations and deposits from Schedule T or Exhibit of Premiums and Losses	1,468,344	0	513,262,138	0
2.	Premiums, considerations and deposits NOT reported in Schedule T or Exhibit of Premiums and Losses, including investment contract receipts credited to a liability account	0	0	0	0
	2.1 Contract fees for variable contracts with guarantees	0	0	0	0
	2.2 Any other premiums, considerations and deposits not reported in Schedule T or Exhibit of Premiums and Losses	0	0	0	0
3.	Amounts, if applicable, that were deducted prior to determining amounts included in Lines 1 or 2 which are in the following categories:				
	3.1 Transfers to guaranteed Separate Accounts	0	0	0	0
	3.2 Roll over of GICs or annuities into other companies	0	0	0	0
	3.3 Surrenders or other benefits paid out	0	0	0	0
	3.4 Excess interest credited to accounts	0	0	0	0
	3.5 Aggregate write-ins for other amounts deducted prior to determining amounts included in Lines 1 or 2	0	0	0	0
	3.99 Total (Lines 3.1 through 3.5)	0	0	0	0
4.	Transfers:				
	4.1 Enter in Column 2, as a negative number, and Column 4, as a positive number, the total of all amounts received to fund contracts established under Section 403(b) of the U.S. Internal Revenue Code, that are included in Column 2, Lines 1, 2 and 3.99	0	0	0	0
	4.2 Enter in Column 2, as a positive number, and Column 4, as a negative number, any amounts reported in Column 4, Lines 1, 2 and 3.99 that are allocated. (Note: amounts received to fund contracts established under Section 403(b) of the U.S. Internal Revenue Code, should not be included in line 4.2)	0	0	0	0
	4.3 Enter in Column 4, as a positive number, and Column 2, as a negative number, any amounts reported in Column 2, Lines 1, 2 and 3.99 that are unallocated	0	0	0	0
	4.99 Total (Lines 4.1 + 4.2 + 4.3)	0	0	0	0
5.	Total (Lines 1 + 2 + 3.99 + 4.99)	1,468,344	0	513,262,138	0
	DEVELOPMENT OF AMOUNTS INCLUDED IN LINES 1 THROUGH 5 THAT SHOULD BE DEDUCTED IN DETERMINING THE BASE Do not include any amount more than once in Lines 6 through 9				
6.	Aggregate write-ins for amounts where the insurer is not subject to risk. Premiums for portions of policies or contracts NOT guaranteed or under which the entire investment risk is borne by the policyholder. (Please specify such deductions and indicate where such amounts were reported in the Annual Statement)	0	0	0	0
7.	Amounts NOT allocated to individuals or individual certificate holders or amounts received for such contracts in excess of limits:				
	7.1 Unallocated funding obligations that do NOT fund government lotteries or employee, union, or association of natural persons benefit plans	XXX	XXX	XXX	0
	7.2 Unallocated funding obligations that fund any employee, union, or association of natural persons benefit plans protected by the Federal Pension Benefit Guaranty Corporation	XXX	XXX	XXX	0
	7.3 Unallocated funding obligations that fund governmental lotteries or employee, union, or association of natural persons benefit plans in excess of $5 million per contract which are NOT: (a) government retirement plans established under Sections 401, 403(b) or 457 of the U.S. Internal Revenue Code, or (b) protected by the Federal Pension Benefit Guaranty Corporation	XXX	XXX	XXX	0
	7.4 Total (Lines 7.1 + 7.2 + 7.3)	XXX	XXX	XXX	0
8.	Dividends/Experience rating credits paid or credited, but only if NOT guaranteed in advance (include only amounts NOT already deducted in determining Lines 1 and 2)	0	0	0	0
9.	Aggregate write-ins for Other Deductions	0	0	48,026,487	0
10.	Total (Lines 6 + 7.4 + 8 + 9)	0	0	48,026,487	0
	MODEL ACT BASE (Line 5 minus Line 10)				
11.	Current Year	1,468,344	0	465,235,651	0
	DETAILS OF WRITE-INS				
3.501.					
3.502.					
3.503.					
3.598.	Summary of remaining write-ins for Line 3.5 from overflow page	0	0	0	0
3.599.	Totals (Lines 3.501 thru 3.503 plus 3.598)(Line 3.5 above)	0	0	0	0
0601.					
0602.					
0603.					
0698.	Summary of remaining write-ins for Line 6 from overflow page	0	0	0	0
0699.	Totals (Lines 0601 thru 0603 plus 0698)(Line 6 above)	0	0	0	0
0901.	Medicare Part C & D	0	0	42,766,844	0
0902.	Stop Loss	0	0	5,259,643	0
0903.	Medicaid	0	0	0	0
0998.	Summary of remaining write-ins for Line 9 from overflow page	0	0	0	0
0999.	Totals (Lines 0901 thru 0903 plus 0998)(Line 9 above)	0	0	48,026,487	0

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ADJUSTMENTS TO THE LIFE, HEALTH & ANNUITY GUARANTY ASSOCIATION MODEL ACT ASSESSMENT BASE RECONCILIATION EXHIBIT

FOR THE YEAR ENDED DECEMBER 31, 2018
(To Be Filed by April 1)

OF THE UnitedHealthcare Insurance Company NAIC COMPANY CODE 79413

DIRECT BUSINESS IN THE STATE OF: Oklahoma

		1 Life Insurance Premiums	2 Allocated Annuity and Other Allocated Fund Deposits	3 Accident & Health Premium	4 Unallocated Annuity & Other Unallocated Fund Deposits
1.	MODEL ACT BASE (Line 11 of the Reconciliation Exhibit)	1,468,344	0	465,235,651	0
	AMOUNTS REQUIRED TO DETERMINE THIS STATE'S ASSESSMENT BASE				
2.	Enter in Column 2, as a positive number, and Column 4, as a negative number, the total of all amounts received to fund allocated contracts established under Section 403(b) of the U.S. Internal Revenue Code that are included in Column 4, Line 1 above	XXX	0	XXX	0
3.	Unallocated funding obligations that do NOT fund government lotteries or employee, union, or association of natural persons benefit plans:				
	3.1 Amounts NOT in excess of $1 million per contract	XXX	XXX	XXX	0
	3.2 All amounts	XXX	XXX	XXX	0
4.	Unallocated funding obligations issued to fund government lotteries or employee, union, or association of natural persons benefit plans which are NOT:				
	(a) governmental retirement plans established under Sections 401, 403(b) or 457 of the U.S. Internal Revenue Code, or				
	(b) protected by the Federal Pension Benefit Guaranty Corporation:				
	4.1 Amounts NOT in excess of $1 million per contract	XXX	XXX	XXX	0
	4.2 Amounts in excess of $1 million but NOT in excess of $5 million per contract	XXX	XXX	XXX	0
	4.3 Amounts in excess of $5 million per contract	XXX	XXX	XXX	0
	4.4 Total (Lines 4.1 + 4.2 + 4.3)	XXX	XXX	XXX	0
	4.5 Amounts up to $7.5 million, per contract (Minnesota only)	XXX	XXX	XXX	0
5.	Unallocated funding obligations issued to fund governmental retirement plans established under Sections 401 and 457 of the U.S. Internal Revenue Code:				
	5.1 Amounts in excess of $1 million per contract	XXX	XXX	XXX	0
	5.2 All amounts	XXX	XXX	XXX	0
	5.3 Amounts in excess of $2 million per contract (New Jersey Only)	XXX	XXX	XXX	0
	5.4 Amounts not in excess of $7.5 million per contract (Minnesota Only)	XXX	XXX	XXX	0
6.	Unallocated funding obligations issued to fund governmental retirement plans established under Sections 403(b) of the U.S. Internal Revenue Code:				
	6.1 Amounts NOT in excess of $1 million per contract	XXX	XXX	XXX	0
	6.2 Amounts in excess of $1 million per contract	XXX	XXX	XXX	0
	6.3 Total (Lines 6.1 + 6.2)	XXX	XXX	XXX	0
	6.4 Amounts in excess of $2 million per contract (New Jersey Only)	XXX	XXX	XXX	0
	6.5 Amounts not in excess of $7.5 million per contract (Minnesota Only)	XXX	XXX	XXX	0
7.	Unallocated funding obligations that fund employee, union, or association of natural persons benefit plans protected by the Federal Pension Benefit Guaranty Corporation:				
	7.1 Amounts NOT in excess of $1 million per contract	XXX	XXX	XXX	0
	7.2 All amounts	XXX	XXX	XXX	0
	7.3 Amounts NOT in excess of $2 million per contract (New Jersey only)	XXX	XXX	XXX	0
8.	Unallocated funding obligations issued to fund government lotteries NOT in excess of $5 million per contractholder (New Jersey Only)	XXX	XXX	XXX	0
9.	Unallocated funding obligations that fund employee or association of natural persons benefit plans in excess of $2 million but NOT in excess of $5 million per contract (New Jersey Only)	XXX	XXX	XXX	0
10.	Aggregate write-ins for other deductions	0	0	0	0
	BASE				
11.	Current Year (2018)	1,468,344	0	465,235,651	0
	DETAILS OF WRITE-INS				
1001.					
1002.					
1003.					
1098.	Summary of remaining write-ins for Line 10 from overflow page	0	0	0	0
1099.	Totals (Lines 1001 thru 1003 plus 1098)(Line 10 above)	0	0	0	0



LIFE, HEALTH & ANNUITY GUARANTY ASSOCIATION MODEL ACT ASSESSMENT BASE RECONCILIATION EXHIBIT

FOR THE YEAR ENDED DECEMBER 31, 2018
(To Be Filed by April 1)

OF THE UnitedHealthcare Insurance Company NAIC COMPANY CODE 79413

DIRECT BUSINESS IN THE STATE OF: Oregon

	PREMIUMS, CONSIDERATIONS AND DEPOSITS	1 Life Insurance Premiums	2 Annuity Considerations	3 A & H Premiums	4 Deposit-Type Contract Funds and Other Considerations
1.	Premiums, considerations and deposits from Schedule T or Exhibit of Premiums and Losses	548,708	0	567,446,401	0
2.	Premiums, considerations and deposits NOT reported in Schedule T or Exhibit of Premiums and Losses, including investment contract receipts credited to a liability account	0	0	0	0
	2.1 Contract fees for variable contracts with guarantees	0	0	0	0
	2.2 Any other premiums, considerations and deposits not reported in Schedule T or Exhibit of Premiums and Losses	0	0	0	0
3.	Amounts, if applicable, that were deducted prior to determining amounts included in Lines 1 or 2 which are in the following categories:				
	3.1 Transfers to guaranteed Separate Accounts	0	0	0	0
	3.2 Roll over of GICs or annuities into other companies	0	0	0	0
	3.3 Surrenders or other benefits paid out	0	0	0	0
	3.4 Excess interest credited to accounts	0	0	0	0
	3.5 Aggregate write-ins for other amounts deducted prior to determining amounts included in Lines 1 or 2	0	0	0	0
	3.99 Total (Lines 3.1 through 3.5)	0	0	0	0
4.	Transfers:				
	4.1 Enter in Column 2, as a negative number, and Column 4, as a positive number, the total of all amounts received to fund contracts established under Section 403(b) of the U.S. Internal Revenue Code, that are included in Column 2, Lines 1, 2 and 3.99	0	0	0	0
	4.2 Enter in Column 2, as a positive number, and Column 4, as a negative number, any amounts reported in Column 4, Lines 1, 2 and 3.99 that are allocated. (Note: amounts received to fund contracts established under Section 403(b) of the U.S. Internal Revenue Code, should not be included in line 4.2)	0	0	0	0
	4.3 Enter in Column 4, as a positive number, and Column 2, as a negative number, any amounts reported in Column 2, Lines 1, 2 and 3.99 that are unallocated	0	0	0	0
	4.99 Total (Lines 4.1 + 4.2 + 4.3)	0	0	0	0
5.	Total (Lines 1 + 2 + 3.99 + 4.99)	548,708	0	567,446,401	0
	DEVELOPMENT OF AMOUNTS INCLUDED IN LINES 1 THROUGH 5 THAT SHOULD BE DEDUCTED IN DETERMINING THE BASE Do not include any amount more than once in Lines 6 through 9				
6.	Aggregate write-ins for amounts where the insurer is not subject to risk. Premiums for portions of policies or contracts NOT guaranteed or under which the entire investment risk is borne by the policyholder. (Please specify such deductions and indicate where such amounts were reported in the Annual Statement)	0	0	0	0
7.	Amounts NOT allocated to individuals or individual certificate holders or amounts received for such contracts in excess of limits:				
	7.1 Unallocated funding obligations that do NOT fund government lotteries or employee, union, or association of natural persons benefit plans	XXX	XXX	XXX	0
	7.2 Unallocated funding obligations that fund any employee, union, or association of natural persons benefit plans protected by the Federal Pension Benefit Guaranty Corporation	XXX	XXX	XXX	0
	7.3 Unallocated funding obligations that fund governmental lotteries or employee, union, or association of natural persons benefit plans in excess of $5 million per contract which are NOT: (a) government retirement plans established under Sections 401, 403(b) or 457 of the U.S. Internal Revenue Code, or (b) protected by the Federal Pension Benefit Guaranty Corporation	XXX	XXX	XXX	0
	7.4 Total (Lines 7.1 + 7.2 + 7.3)	XXX	XXX	XXX	0
8.	Dividends/Experience rating credits paid or credited, but only if NOT guaranteed in advance (include only amounts NOT already deducted in determining Lines 1 and 2)	0	0	0	0
9.	Aggregate write-ins for Other Deductions	0	0	193,464,498	0
10.	Total (Lines 6 + 7.4 + 8 + 9)	0	0	193,464,498	0
	MODEL ACT BASE (Line 5 minus Line 10)				
11.	Current Year	548,708	0	373,981,903	0
	DETAILS OF WRITE-INS				
3.501.					
3.502.					
3.503.					
3.598.	Summary of remaining write-ins for Line 3.5 from overflow page	0	0	0	0
3.599.	Totals (Lines 3.501 thru 3.503 plus 3.598)(Line 3.5 above)	0	0	0	0
0601.					
0602.					
0603.					
0698.	Summary of remaining write-ins for Line 6 from overflow page	0	0	0	0
0699.	Totals (Lines 0601 thru 0603 plus 0698)(Line 6 above)	0	0	0	0
0901.	Medicare Part C & D	0	0	183,330,254	0
0902.	Stop Loss	0	0	10,134,244	0
0903.	Medicaid	0	0	0	0
0998.	Summary of remaining write-ins for Line 9 from overflow page	0	0	0	0
0999.	Totals (Lines 0901 thru 0903 plus 0998)(Line 9 above)	0	0	193,464,498	0



ADJUSTMENTS TO THE LIFE, HEALTH & ANNUITY GUARANTY ASSOCIATION MODEL ACT ASSESSMENT BASE RECONCILIATION EXHIBIT

FOR THE YEAR ENDED DECEMBER 31, 2018
(To Be Filed by April 1)

OF THE UnitedHealthcare Insurance Company NAIC COMPANY CODE 79413

DIRECT BUSINESS IN THE STATE OF: Oregon

		1 Life Insurance Premiums	2 Allocated Annuity and Other Allocated Fund Deposits	3 Accident & Health Premium	4 Unallocated Annuity & Other Unallocated Fund Deposits
1.	MODEL ACT BASE (Line 11 of the Reconciliation Exhibit)	548,708	0	373,981,903	0
	AMOUNTS REQUIRED TO DETERMINE THIS STATE'S ASSESSMENT BASE				
2.	Enter in Column 2, as a positive number, and Column 4, as a negative number, the total of all amounts received to fund allocated contracts established under Section 403(b) of the U.S. Internal Revenue Code that are included in Column 4, Line 1 above	XXX	0	XXX	0
3.	Unallocated funding obligations that do NOT fund government lotteries or employee, union, or association of natural persons benefit plans:				
	3.1 Amounts NOT in excess of $1 million per contract	XXX	XXX	XXX	0
	3.2 All amounts	XXX	XXX	XXX	0
4.	Unallocated funding obligations issued to fund government lotteries or employee, union, or association of natural persons benefit plans which are NOT:				
	(a) governmental retirement plans established under Sections 401, 403(b) or 457 of the U.S. Internal Revenue Code, or				
	(b) protected by the Federal Pension Benefit Guaranty Corporation:				
	4.1 Amounts NOT in excess of $1 million per contract	XXX	XXX	XXX	0
	4.2 Amounts in excess of $1 million but NOT in excess of $5 million per contract	XXX	XXX	XXX	0
	4.3 Amounts in excess of $5 million per contract	XXX	XXX	XXX	0
	4.4 Total (Lines 4.1 + 4.2 + 4.3)	XXX	XXX	XXX	0
	4.5 Amounts up to $7.5 million, per contract (Minnesota only)	XXX	XXX	XXX	0
5.	Unallocated funding obligations issued to fund governmental retirement plans established under Sections 401 and 457 of the U.S. Internal Revenue Code:				
	5.1 Amounts in excess of $1 million per contract	XXX	XXX	XXX	0
	5.2 All amounts	XXX	XXX	XXX	0
	5.3 Amounts in excess of $2 million per contract (New Jersey Only)	XXX	XXX	XXX	0
	5.4 Amounts not in excess of $7.5 million per contract (Minnesota Only)	XXX	XXX	XXX	0
6.	Unallocated funding obligations issued to fund governmental retirement plans established under Sections 403(b) of the U.S. Internal Revenue Code:				
	6.1 Amounts NOT in excess of $1 million per contract	XXX	XXX	XXX	0
	6.2 Amounts in excess of $1 million per contract	XXX	XXX	XXX	0
	6.3 Total (Lines 6.1 + 6.2)	XXX	XXX	XXX	0
	6.4 Amounts in excess of $2 million per contract (New Jersey Only)	XXX	XXX	XXX	0
	6.5 Amounts not in excess of $7.5 million per contract (Minnesota Only)	XXX	XXX	XXX	0
7.	Unallocated funding obligations that fund employee, union, or association of natural persons benefit plans protected by the Federal Pension Benefit Guaranty Corporation:				
	7.1 Amounts NOT in excess of $1 million per contract	XXX	XXX	XXX	0
	7.2 All amounts	XXX	XXX	XXX	0
	7.3 Amounts NOT in excess of $2 million per contract (New Jersey only)	XXX	XXX	XXX	0
8.	Unallocated funding obligations issued to fund government lotteries NOT in excess of $5 million per contractholder (New Jersey Only)	XXX	XXX	XXX	0
9.	Unallocated funding obligations that fund employee or association of natural persons benefit plans in excess of $2 million but NOT in excess of $5 million per contract (New Jersey Only)	XXX	XXX	XXX	0
10.	Aggregate write-ins for other deductions	0	0	0	0
	BASE				
11.	Current Year (2018)	548,708	0	373,981,903	0
	DETAILS OF WRITE-INS				
1001.					
1002.					
1003.					
1098.	Summary of remaining write-ins for Line 10 from overflow page	0	0	0	0
1099.	Totals (Lines 1001 thru 1003 plus 1098)(Line 10 above)	0	0	0	0



LIFE, HEALTH & ANNUITY GUARANTY ASSOCIATION MODEL ACT ASSESSMENT BASE RECONCILIATION EXHIBIT

FOR THE YEAR ENDED DECEMBER 31, 2018
(To Be Filed by April 1)

OF THE UnitedHealthcare Insurance Company NAIC COMPANY CODE 79413

DIRECT BUSINESS IN THE STATE OF: Pennsylvania

	PREMIUMS, CONSIDERATIONS AND DEPOSITS	1 Life Insurance Premiums	2 Annuity Considerations	3 A & H Premiums	4 Deposit-Type Contract Funds and Other Considerations
1.	Premiums, considerations and deposits from Schedule T or Exhibit of Premiums and Losses	2,868,644	0	1,552,645,058	0
2.	Premiums, considerations and deposits NOT reported in Schedule T or Exhibit of Premiums and Losses, including investment contract receipts credited to a liability account	0	0	0	0
	2.1 Contract fees for variable contracts with guarantees	0	0	0	0
	2.2 Any other premiums, considerations and deposits not reported in Schedule T or Exhibit of Premiums and Losses	0	0	0	0
3.	Amounts, if applicable, that were deducted prior to determining amounts included in Lines 1 or 2 which are in the following categories:				
	3.1 Transfers to guaranteed Separate Accounts	0	0	0	0
	3.2 Roll over of GICs or annuities into other companies	0	0	0	0
	3.3 Surrenders or other benefits paid out	0	0	0	0
	3.4 Excess interest credited to accounts	0	0	0	0
	3.5 Aggregate write-ins for other amounts deducted prior to determining amounts included in Lines 1 or 2	0	0	0	0
	3.99 Total (Lines 3.1 through 3.5)	0	0	0	0
4.	Transfers:				
	4.1 Enter in Column 2, as a negative number, and Column 4, as a positive number, the total of all amounts received to fund contracts established under Section 403(b) of the U.S. Internal Revenue Code, that are included in Column 2, Lines 1, 2 and 3.99	0	0	0	0
	4.2 Enter in Column 2, as a positive number, and Column 4, as a negative number, any amounts reported in Column 4, Lines 1, 2 and 3.99 that are allocated. (Note: amounts received to fund contracts established under Section 403(b) of the U.S. Internal Revenue Code, should not be included in line 4.2)	0	0	0	0
	4.3 Enter in Column 4, as a positive number, and Column 2, as a negative number, any amounts reported in Column 2, Lines 1, 2 and 3.99 that are unallocated	0	0	0	0
	4.99 Total (Lines 4.1 + 4.2 + 4.3)	0	0	0	0
5.	Total (Lines 1 + 2 + 3.99 + 4.99)	2,868,644	0	1,552,645,058	0
	DEVELOPMENT OF AMOUNTS INCLUDED IN LINES 1 THROUGH 5 THAT SHOULD BE DEDUCTED IN DETERMINING THE BASE Do not include any amount more than once in Lines 6 through 9				
6.	Aggregate write-ins for amounts where the insurer is not subject to risk. Premiums for portions of policies or contracts NOT guaranteed or under which the entire investment risk is borne by the policyholder. (Please specify such deductions and indicate where such amounts were reported in the Annual Statement)	0	0	0	0
7.	Amounts NOT allocated to individuals or individual certificate holders or amounts received for such contracts in excess of limits:				
	7.1 Unallocated funding obligations that do NOT fund government lotteries or employee, union, or association of natural persons benefit plans	XXX	XXX	XXX	0
	7.2 Unallocated funding obligations that fund any employee, union, or association of natural persons benefit plans protected by the Federal Pension Benefit Guaranty Corporation	XXX	XXX	XXX	0
	7.3 Unallocated funding obligations that fund governmental lotteries or employee, union, or association of natural persons benefit plans in excess of $5 million per contract which are NOT: (a) government retirement plans established under Sections 401, 403(b) or 457 of the U.S. Internal Revenue Code, or (b) protected by the Federal Pension Benefit Guaranty Corporation	XXX	XXX	XXX	0
	7.4 Total (Lines 7.1 + 7.2 + 7.3)	XXX	XXX	XXX	0
8.	Dividends/Experience rating credits paid or credited, but only if NOT guaranteed in advance (include only amounts NOT already deducted in determining Lines 1 and 2)	0	0	0	0
9.	Aggregate write-ins for Other Deductions	0	0	13,472,417	0
10.	Total (Lines 6 + 7.4 + 8 + 9)	0	0	13,472,417	0
	MODEL ACT BASE (Line 5 minus Line 10)				
11.	Current Year	2,868,644	0	1,539,172,641	0
	DETAILS OF WRITE-INS				
3.501.					
3.502.					
3.503.					
3.598.	Summary of remaining write-ins for Line 3.5 from overflow page	0	0	0	0
3.599.	Totals (Lines 3.501 thru 3.503 plus 3.598)(Line 3.5 above)	0	0	0	0
0601.					
0602.					
0603.					
0698.	Summary of remaining write-ins for Line 6 from overflow page	0	0	0	0
0699.	Totals (Lines 0601 thru 0603 plus 0698)(Line 6 above)	0	0	0	0
0901.	Medicare Part C & D	0	0	0	0
0902.	Stop Loss	0	0	13,472,417	0
0903.	Medicaid	0	0	0	0
0998.	Summary of remaining write-ins for Line 9 from overflow page	0	0	0	0
0999.	Totals (Lines 0901 thru 0903 plus 0998)(Line 9 above)	0	0	13,472,417	0



LIFE, HEALTH & ANNUITY GUARANTY ASSOCIATION MODEL ACT ASSESSMENT BASE RECONCILIATION EXHIBIT

FOR THE YEAR ENDED DECEMBER 31, 2018
(To Be Filed by April 1)

OF THE UnitedHealthcare Insurance Company NAIC COMPANY CODE 79413

DIRECT BUSINESS IN THE STATE OF: Rhode Island

	PREMIUMS, CONSIDERATIONS AND DEPOSITS	1 Life Insurance Premiums	2 Annuity Considerations	3 A & H Premiums	4 Deposit-Type Contract Funds and Other Considerations
1.	Premiums, considerations and deposits from Schedule T or Exhibit of Premiums and Losses	381,884	0	283,574,917	0
2.	Premiums, considerations and deposits NOT reported in Schedule T or Exhibit of Premiums and Losses, including investment contract receipts credited to a liability account	0	0	0	0
	2.1 Contract fees for variable contracts with guarantees	0	0	0	0
	2.2 Any other premiums, considerations and deposits not reported in Schedule T or Exhibit of Premiums and Losses	0	0	0	0
3.	Amounts, if applicable, that were deducted prior to determining amounts included in Lines 1 or 2 which are in the following categories:				
	3.1 Transfers to guaranteed Separate Accounts	0	0	0	0
	3.2 Roll over of GICs or annuities into other companies	0	0	0	0
	3.3 Surrenders or other benefits paid out	0	0	0	0
	3.4 Excess interest credited to accounts	0	0	0	0
	3.5 Aggregate write-ins for other amounts deducted prior to determining amounts included in Lines 1 or 2	0	0	0	0
	3.99 Total (Lines 3.1 through 3.5)	0	0	0	0
4.	Transfers:				
	4.1 Enter in Column 2, as a negative number, and Column 4, as a positive number, the total of all amounts received to fund contracts established under Section 403(b) of the U.S. Internal Revenue Code, that are included in Column 2, Lines 1, 2 and 3.99	0	0	0	0
	4.2 Enter in Column 2, as a positive number, and Column 4, as a negative number, any amounts reported in Column 4, Lines 1, 2 and 3.99 that are allocated. (Note: amounts received to fund contracts established under Section 403(b) of the U.S. Internal Revenue Code, should not be included in line 4.2)	0	0	0	0
	4.3 Enter in Column 4, as a positive number, and Column 2, as a negative number, any amounts reported in Column 2, Lines 1, 2 and 3.99 that are unallocated	0	0	0	0
	4.99 Total (Lines 4.1 + 4.2 + 4.3)	0	0	0	0
5.	Total (Lines 1 + 2 + 3.99 + 4.99)	381,884	0	283,574,917	0
	DEVELOPMENT OF AMOUNTS INCLUDED IN LINES 1 THROUGH 5 THAT SHOULD BE DEDUCTED IN DETERMINING THE BASE Do not include any amount more than once in Lines 6 through 9				
6.	Aggregate write-ins for amounts where the insurer is not subject to risk. Premiums for portions of policies or contracts NOT guaranteed or under which the entire investment risk is borne by the policyholder. (Please specify such deductions and indicate where such amounts were reported in the Annual Statement)	0	0	0	0
7.	Amounts NOT allocated to individuals or individual certificate holders or amounts received for such contracts in excess of limits:				
	7.1 Unallocated funding obligations that do NOT fund government lotteries or employee, union, or association of natural persons benefit plans	XXX	XXX	XXX	0
	7.2 Unallocated funding obligations that fund any employee, union, or association of natural persons benefit plans protected by the Federal Pension Benefit Guaranty Corporation	XXX	XXX	XXX	0
	7.3 Unallocated funding obligations that fund governmental lotteries or employee, union, or association of natural persons benefit plans in excess of $5 million per contract which are NOT: (a) government retirement plans established under Sections 401, 403(b) or 457 of the U.S. Internal Revenue Code, or (b) protected by the Federal Pension Benefit Guaranty Corporation	XXX	XXX	XXX	0
	7.4 Total (Lines 7.1 + 7.2 + 7.3)	XXX	XXX	XXX	0
8.	Dividends/Experience rating credits paid or credited, but only if NOT guaranteed in advance (include only amounts NOT already deducted in determining Lines 1 and 2)	0	0	0	0
9.	Aggregate write-ins for Other Deductions	0	0	82,497,208	0
10.	Total (Lines 6 + 7.4 + 8 + 9)	0	0	82,497,208	0
	MODEL ACT BASE (Line 5 minus Line 10)				
11.	Current Year	381,884	0	201,077,709	0
	DETAILS OF WRITE-INS				
3.501.					
3.502.					
3.503.					
3.598.	Summary of remaining write-ins for Line 3.5 from overflow page	0	0	0	0
3.599.	Totals (Lines 3.501 thru 3.503 plus 3.598)(Line 3.5 above)	0	0	0	0
0601.					
0602.					
0603.					
0698.	Summary of remaining write-ins for Line 6 from overflow page	0	0	0	0
0699.	Totals (Lines 0601 thru 0603 plus 0698)(Line 6 above)	0	0	0	0
0901.	Medicare Part C & D	0	0	73,019,920	0
0902.	Stop Loss	0	0	9,477,288	0
0903.	Medicaid	0	0	0	0
0998.	Summary of remaining write-ins for Line 9 from overflow page	0	0	0	0
0999.	Totals (Lines 0901 thru 0903 plus 0998)(Line 9 above)	0	0	82,497,208	0



ADJUSTMENTS TO THE LIFE, HEALTH & ANNUITY GUARANTY ASSOCIATION MODEL ACT ASSESSMENT BASE RECONCILIATION EXHIBIT

FOR THE YEAR ENDED DECEMBER 31, 2018
(To Be Filed by April 1)

OF THE UnitedHealthcare Insurance Company NAIC COMPANY CODE 79413

DIRECT BUSINESS IN THE STATE OF: Rhode Island

		1 Life Insurance Premiums	2 Allocated Annuity and Other Allocated Fund Deposits	3 Accident & Health Premium	4 Unallocated Annuity & Other Unallocated Fund Deposits
1.	MODEL ACT BASE (Line 11 of the Reconciliation Exhibit)	381,884	0	201,077,709	0
	AMOUNTS REQUIRED TO DETERMINE THIS STATE'S ASSESSMENT BASE				
2.	Enter in Column 2, as a positive number, and Column 4, as a negative number, the total of all amounts received to fund allocated contracts established under Section 403(b) of the U.S. Internal Revenue Code that are included in Column 4, Line 1 above	XXX	0	XXX	0
3.	Unallocated funding obligations that do NOT fund government lotteries or employee, union, or association of natural persons benefit plans:				
	3.1 Amounts NOT in excess of $1 million per contract	XXX	XXX	XXX	0
	3.2 All amounts	XXX	XXX	XXX	0
4.	Unallocated funding obligations issued to fund government lotteries or employee, union, or association of natural persons benefit plans which are NOT:				
	(a) governmental retirement plans established under Sections 401, 403(b) or 457 of the U.S. Internal Revenue Code, or				
	(b) protected by the Federal Pension Benefit Guaranty Corporation:				
	4.1 Amounts NOT in excess of $1 million per contract	XXX	XXX	XXX	0
	4.2 Amounts in excess of $1 million but NOT in excess of $5 million per contract	XXX	XXX	XXX	0
	4.3 Amounts in excess of $5 million per contract	XXX	XXX	XXX	0
	4.4 Total (Lines 4.1 + 4.2 + 4.3)	XXX	XXX	XXX	0
	4.5 Amounts up to $7.5 million, per contract (Minnesota only)	XXX	XXX	XXX	0
5.	Unallocated funding obligations issued to fund governmental retirement plans established under Sections 401 and 457 of the U.S. Internal Revenue Code:				
	5.1 Amounts in excess of $1 million per contract	XXX	XXX	XXX	0
	5.2 All amounts	XXX	XXX	XXX	0
	5.3 Amounts in excess of $2 million per contract (New Jersey Only)	XXX	XXX	XXX	0
	5.4 Amounts not in excess of $7.5 million per contract (Minnesota Only)	XXX	XXX	XXX	0
6.	Unallocated funding obligations issued to fund governmental retirement plans established under Sections 403(b) of the U.S. Internal Revenue Code:				
	6.1 Amounts NOT in excess of $1 million per contract	XXX	XXX	XXX	0
	6.2 Amounts in excess of $1 million per contract	XXX	XXX	XXX	0
	6.3 Total (Lines 6.1 + 6.2)	XXX	XXX	XXX	0
	6.4 Amounts in excess of $2 million per contract (New Jersey Only)	XXX	XXX	XXX	0
	6.5 Amounts not in excess of $7.5 million per contract (Minnesota Only)	XXX	XXX	XXX	0
7.	Unallocated funding obligations that fund employee, union, or association of natural persons benefit plans protected by the Federal Pension Benefit Guaranty Corporation:				
	7.1 Amounts NOT in excess of $1 million per contract	XXX	XXX	XXX	0
	7.2 All amounts	XXX	XXX	XXX	0
	7.3 Amounts NOT in excess of $2 million per contract (New Jersey only)	XXX	XXX	XXX	0
8.	Unallocated funding obligations issued to fund government lotteries NOT in excess of $5 million per contractholder (New Jersey Only)	XXX	XXX	XXX	0
9.	Unallocated funding obligations that fund employee or association of natural persons benefit plans in excess of $2 million but NOT in excess of $5 million per contract (New Jersey Only)	XXX	XXX	XXX	0
10.	Aggregate write-ins for other deductions	0	0	0	0
	BASE				
11.	Current Year (2018)	381,884	0	201,077,709	0
	DETAILS OF WRITE-INS				
1001.					
1002.					
1003.					
1098.	Summary of remaining write-ins for Line 10 from overflow page	0	0	0	0
1099.	Totals (Lines 1001 thru 1003 plus 1098)(Line 10 above)	0	0	0	0



LIFE, HEALTH & ANNUITY GUARANTY ASSOCIATION MODEL ACT ASSESSMENT BASE RECONCILIATION EXHIBIT

FOR THE YEAR ENDED DECEMBER 31, 2018
(To Be Filed by April 1)

OF THE UnitedHealthcare Insurance Company NAIC COMPANY CODE 79413

DIRECT BUSINESS IN THE STATE OF: South Carolina

	PREMIUMS, CONSIDERATIONS AND DEPOSITS	1 Life Insurance Premiums	2 Annuity Considerations	3 A & H Premiums	4 Deposit-Type Contract Funds and Other Considerations
1.	Premiums, considerations and deposits from Schedule T or Exhibit of Premiums and Losses	1,354,139	0	2,240,031,879	0
2.	Premiums, considerations and deposits NOT reported in Schedule T or Exhibit of Premiums and Losses, including investment contract receipts credited to a liability account	0	0	0	0
	2.1 Contract fees for variable contracts with guarantees	0	0	0	0
	2.2 Any other premiums, considerations and deposits not reported in Schedule T or Exhibit of Premiums and Losses	0	0	0	0
3.	Amounts, if applicable, that were deducted prior to determining amounts included in Lines 1 or 2 which are in the following categories:				
	3.1 Transfers to guaranteed Separate Accounts	0	0	0	0
	3.2 Roll over of GICs or annuities into other companies	0	0	0	0
	3.3 Surrenders or other benefits paid out	0	0	0	0
	3.4 Excess interest credited to accounts	0	0	0	0
	3.5 Aggregate write-ins for other amounts deducted prior to determining amounts included in Lines 1 or 2	0	0	0	0
	3.99 Total (Lines 3.1 through 3.5)	0	0	0	0
4.	Transfers:				
	4.1 Enter in Column 2, as a negative number, and Column 4, as a positive number, the total of all amounts received to fund contracts established under Section 403(b) of the U.S. Internal Revenue Code, that are included in Column 2, Lines 1, 2 and 3.99	0	0	0	0
	4.2 Enter in Column 2, as a positive number, and Column 4, as a negative number, any amounts reported in Column 4, Lines 1, 2 and 3.99 that are allocated. (Note: amounts received to fund contracts established under Section 403(b) of the U.S. Internal Revenue Code, should not be included in line 4.2)	0	0	0	0
	4.3 Enter in Column 4, as a positive number, and Column 2, as a negative number, any amounts reported in Column 2, Lines 1, 2 and 3.99 that are unallocated	0	0	0	0
	4.99 Total (Lines 4.1 + 4.2 + 4.3)	0	0	0	0
5.	Total (Lines 1 + 2 + 3.99 + 4.99)	1,354,139	0	2,240,031,879	0
	DEVELOPMENT OF AMOUNTS INCLUDED IN LINES 1 THROUGH 5 THAT SHOULD BE DEDUCTED IN DETERMINING THE BASE Do not include any amount more than once in Lines 6 through 9				
6.	Aggregate write-ins for amounts where the insurer is not subject to risk. Premiums for portions of policies or contracts NOT guaranteed or under which the entire investment risk is borne by the policyholder. (Please specify such deductions and indicate where such amounts were reported in the Annual Statement)	0	0	0	0
7.	Amounts NOT allocated to individuals or individual certificate holders or amounts received for such contracts in excess of limits:				
	7.1 Unallocated funding obligations that do NOT fund government lotteries or employee, union, or association of natural persons benefit plans	XXX	XXX	XXX	0
	7.2 Unallocated funding obligations that fund any employee, union, or association of natural persons benefit plans protected by the Federal Pension Benefit Guaranty Corporation	XXX	XXX	XXX	0
	7.3 Unallocated funding obligations that fund governmental lotteries or employee, union, or association of natural persons benefit plans in excess of $5 million per contract which are NOT: (a) government retirement plans established under Sections 401, 403(b) or 457 of the U.S. Internal Revenue Code, or (b) protected by the Federal Pension Benefit Guaranty Corporation	XXX	XXX	XXX	0
	7.4 Total (Lines 7.1 + 7.2 + 7.3)	XXX	XXX	XXX	0
8.	Dividends/Experience rating credits paid or credited, but only if NOT guaranteed in advance (include only amounts NOT already deducted in determining Lines 1 and 2)	0	0	0	0
9.	Aggregate write-ins for Other Deductions	0	0	1,856,992,572	0
10.	Total (Lines 6 + 7.4 + 8 + 9)	0	0	1,856,992,572	0
	MODEL ACT BASE (Line 5 minus Line 10)				
11.	Current Year	1,354,139	0	383,039,307	0
	DETAILS OF WRITE-INS				
3.501.					
3.502.					
3.503.					
3.598.	Summary of remaining write-ins for Line 3.5 from overflow page	0	0	0	0
3.599.	Totals (Lines 3.501 thru 3.503 plus 3.598)(Line 3.5 above)	0	0	0	0
0601.					
0602.					
0603.					
0698.	Summary of remaining write-ins for Line 6 from overflow page	0	0	0	0
0699.	Totals (Lines 0601 thru 0603 plus 0698)(Line 6 above)	0	0	0	0
0901.	Medicare Part C & D	0	0	1,850,760,275	0
0902.	Stop Loss	0	0	6,232,297	0
0903.	Medicaid	0	0	0	0
0998.	Summary of remaining write-ins for Line 9 from overflow page	0	0	0	0
0999.	Totals (Lines 0901 thru 0903 plus 0998)(Line 9 above)	0	0	1,856,992,572	0

7 9 4 1 3 2 0 1 8 3 0 0 4 1 1 0 0

ADJUSTMENTS TO THE LIFE, HEALTH & ANNUITY GUARANTY ASSOCIATION MODEL ACT ASSESSMENT BASE RECONCILIATION EXHIBIT

FOR THE YEAR ENDED DECEMBER 31, 2018
(To Be Filed by April 1)

OF THE UnitedHealthcare Insurance Company NAIC COMPANY CODE 79413

DIRECT BUSINESS IN THE STATE OF: South Carolina

		1 Life Insurance Premiums	2 Allocated Annuity and Other Allocated Fund Deposits	3 Accident & Health Premium	4 Unallocated Annuity & Other Unallocated Fund Deposits
1.	MODEL ACT BASE (Line 11 of the Reconciliation Exhibit)	1,354,139	0	383,039,307	0
	AMOUNTS REQUIRED TO DETERMINE THIS STATE'S ASSESSMENT BASE				
2.	Enter in Column 2, as a positive number, and Column 4, as a negative number, the total of all amounts received to fund allocated contracts established under Section 403(b) of the U.S. Internal Revenue Code that are included in Column 4, Line 1 above	XXX	0	XXX	0
3.	Unallocated funding obligations that do NOT fund government lotteries or employee, union, or association of natural persons benefit plans:				
	3.1 Amounts NOT in excess of $1 million per contract	XXX	XXX	XXX	0
	3.2 All amounts	XXX	XXX	XXX	0
4.	Unallocated funding obligations issued to fund government lotteries or employee, union, or association of natural persons benefit plans which are NOT:				
	(a) governmental retirement plans established under Sections 401, 403(b) or 457 of the U.S. Internal Revenue Code, or				
	(b) protected by the Federal Pension Benefit Guaranty Corporation:				
	4.1 Amounts NOT in excess of $1 million per contract	XXX	XXX	XXX	0
	4.2 Amounts in excess of $1 million but NOT in excess of $5 million per contract	XXX	XXX	XXX	0
	4.3 Amounts in excess of $5 million per contract	XXX	XXX	XXX	0
	4.4 Total (Lines 4.1 + 4.2 + 4.3)	XXX	XXX	XXX	0
	4.5 Amounts up to $7.5 million, per contract (Minnesota only)	XXX	XXX	XXX	0
5.	Unallocated funding obligations issued to fund governmental retirement plans established under Sections 401 and 457 of the U.S. Internal Revenue Code:				
	5.1 Amounts in excess of $1 million per contract	XXX	XXX	XXX	0
	5.2 All amounts	XXX	XXX	XXX	0
	5.3 Amounts in excess of $2 million per contract (New Jersey Only)	XXX	XXX	XXX	0
	5.4 Amounts not in excess of $7.5 million per contract (Minnesota Only)	XXX	XXX	XXX	0
6.	Unallocated funding obligations issued to fund governmental retirement plans established under Sections 403(b) of the U.S. Internal Revenue Code:				
	6.1 Amounts NOT in excess of $1 million per contract	XXX	XXX	XXX	0
	6.2 Amounts in excess of $1 million per contract	XXX	XXX	XXX	0
	6.3 Total (Lines 6.1 + 6.2)	XXX	XXX	XXX	0
	6.4 Amounts in excess of $2 million per contract (New Jersey Only)	XXX	XXX	XXX	0
	6.5 Amounts not in excess of $7.5 million per contract (Minnesota Only)	XXX	XXX	XXX	0
7.	Unallocated funding obligations that fund employee, union, or association of natural persons benefit plans protected by the Federal Pension Benefit Guaranty Corporation:				
	7.1 Amounts NOT in excess of $1 million per contract	XXX	XXX	XXX	0
	7.2 All amounts	XXX	XXX	XXX	0
	7.3 Amounts NOT in excess of $2 million per contract (New Jersey only)	XXX	XXX	XXX	0
8.	Unallocated funding obligations issued to fund government lotteries NOT in excess of $5 million per contractholder (New Jersey Only)	XXX	XXX	XXX	0
9.	Unallocated funding obligations that fund employee or association of natural persons benefit plans in excess of $2 million but NOT in excess of $5 million per contract (New Jersey Only)	XXX	XXX	XXX	0
10.	Aggregate write-ins for other deductions	0	0	0	0
	BASE				
11.	Current Year (2018)	1,354,139	0	383,039,307	0
	DETAILS OF WRITE-INS				
1001.					
1002.					
1003.					
1098.	Summary of remaining write-ins for Line 10 from overflow page	0	0	0	0
1099.	Totals (Lines 1001 thru 1003 plus 1098)(Line 10 above)	0	0	0	0



LIFE, HEALTH & ANNUITY GUARANTY ASSOCIATION MODEL ACT ASSESSMENT BASE RECONCILIATION EXHIBIT

FOR THE YEAR ENDED DECEMBER 31, 2018
(To Be Filed by April 1)

OF THE UnitedHealthcare Insurance Company NAIC COMPANY CODE 79413

DIRECT BUSINESS IN THE STATE OF: South Dakota

	PREMIUMS, CONSIDERATIONS AND DEPOSITS	1 Life Insurance Premiums	2 Annuity Considerations	3 A & H Premiums	4 Deposit-Type Contract Funds and Other Considerations
1.	Premiums, considerations and deposits from Schedule T or Exhibit of Premiums and Losses	47,739	0	27,090,039	0
2.	Premiums, considerations and deposits NOT reported in Schedule T or Exhibit of Premiums and Losses, including investment contract receipts credited to a liability account	0	0	0	0
	2.1 Contract fees for variable contracts with guarantees	0	0	0	0
	2.2 Any other premiums, considerations and deposits not reported in Schedule T or Exhibit of Premiums and Losses	0	0	0	0
3.	Amounts, if applicable, that were deducted prior to determining amounts included in Lines 1 or 2 which are in the following categories:				
	3.1 Transfers to guaranteed Separate Accounts	0	0	0	0
	3.2 Roll over of GICs or annuities into other companies	0	0	0	0
	3.3 Surrenders or other benefits paid out	0	0	0	0
	3.4 Excess interest credited to accounts	0	0	0	0
	3.5 Aggregate write-ins for other amounts deducted prior to determining amounts included in Lines 1 or 2	0	0	0	0
	3.99 Total (Lines 3.1 through 3.5)	0	0	0	0
4.	Transfers:				
	4.1 Enter in Column 2, as a negative number, and Column 4, as a positive number, the total of all amounts received to fund contracts established under Section 403(b) of the U.S. Internal Revenue Code, that are included in Column 2, Lines 1, 2 and 3.99	0	0	0	0
	4.2 Enter in Column 2, as a positive number, and Column 4, as a negative number, any amounts reported in Column 4, Lines 1, 2 and 3.99 that are allocated. (Note: amounts received to fund contracts established under Section 403(b) of the U.S. Internal Revenue Code, should not be included in line 4.2)	0	0	0	0
	4.3 Enter in Column 4, as a positive number, and Column 2, as a negative number, any amounts reported in Column 2, Lines 1, 2 and 3.99 that are unallocated	0	0	0	0
	4.99 Total (Lines 4.1 + 4.2 + 4.3)	0	0	0	0
5.	Total (Lines 1 + 2 + 3.99 + 4.99)	47,739	0	27,090,039	0
	DEVELOPMENT OF AMOUNTS INCLUDED IN LINES 1 THROUGH 5 THAT SHOULD BE DEDUCTED IN DETERMINING THE BASE Do not include any amount more than once in Lines 6 through 9				
6.	Aggregate write-ins for amounts where the insurer is not subject to risk. Premiums for portions of policies or contracts NOT guaranteed or under which the entire investment risk is borne by the policyholder. (Please specify such deductions and indicate where such amounts were reported in the Annual Statement)	0	0	0	0
7.	Amounts NOT allocated to individuals or individual certificate holders or amounts received for such contracts in excess of limits:				
	7.1 Unallocated funding obligations that do NOT fund government lotteries or employee, union, or association of natural persons benefit plans	XXX	XXX	XXX	0
	7.2 Unallocated funding obligations that fund any employee, union, or association of natural persons benefit plans protected by the Federal Pension Benefit Guaranty Corporation	XXX	XXX	XXX	0
	7.3 Unallocated funding obligations that fund governmental lotteries or employee, union, or association of natural persons benefit plans in excess of $5 million per contract which are NOT: (a) government retirement plans established under Sections 401, 403(b) or 457 of the U.S. Internal Revenue Code, or (b) protected by the Federal Pension Benefit Guaranty Corporation	XXX	XXX	XXX	0
	7.4 Total (Lines 7.1 + 7.2 + 7.3)	XXX	XXX	XXX	0
8.	Dividends/Experience rating credits paid or credited, but only if NOT guaranteed in advance (include only amounts NOT already deducted in determining Lines 1 and 2)	0	0	0	0
9.	Aggregate write-ins for Other Deductions	0	0	5,213,554	0
10.	Total (Lines 6 + 7.4 + 8 + 9)	0	0	5,213,554	0
	MODEL ACT BASE (Line 5 minus Line 10)				
11.	Current Year	47,739	0	21,876,485	0
	DETAILS OF WRITE-INS				
3.501.					
3.502.					
3.503.					
3.598.	Summary of remaining write-ins for Line 3.5 from overflow page	0	0	0	0
3.599.	Totals (Lines 3.501 thru 3.503 plus 3.598)(Line 3.5 above)	0	0	0	0
0601.					
0602.					
0603.					
0698.	Summary of remaining write-ins for Line 6 from overflow page	0	0	0	0
0699.	Totals (Lines 0601 thru 0603 plus 0698)(Line 6 above)	0	0	0	0
0901.	Medicare Part C & D	0	0	4,874,475	0
0902.	Stop Loss	0	0	339,079	0
0903.	Medicaid	0	0	0	0
0998.	Summary of remaining write-ins for Line 9 from overflow page	0	0	0	0
0999.	Totals (Lines 0901 thru 0903 plus 0998)(Line 9 above)	0	0	5,213,554	0



ADJUSTMENTS TO THE LIFE, HEALTH & ANNUITY GUARANTY ASSOCIATION MODEL ACT ASSESSMENT BASE RECONCILIATION EXHIBIT

FOR THE YEAR ENDED DECEMBER 31, 2018
(To Be Filed by April 1)

OF THE UnitedHealthcare Insurance Company NAIC COMPANY CODE 79413

DIRECT BUSINESS IN THE STATE OF: South Dakota

		1 Life Insurance Premiums	2 Allocated Annuity and Other Allocated Fund Deposits	3 Accident & Health Premium	4 Unallocated Annuity & Other Unallocated Fund Deposits
1.	MODEL ACT BASE (Line 11 of the Reconciliation Exhibit)	47,739	0	21,876,485	0
	AMOUNTS REQUIRED TO DETERMINE THIS STATE'S ASSESSMENT BASE				
2.	Enter in Column 2, as a positive number, and Column 4, as a negative number, the total of all amounts received to fund allocated contracts established under Section 403(b) of the U.S. Internal Revenue Code that are included in Column 4, Line 1 above	XXX	0	XXX	0
3.	Unallocated funding obligations that do NOT fund government lotteries or employee, union, or association of natural persons benefit plans:				
	3.1 Amounts NOT in excess of $1 million per contract	XXX	XXX	XXX	0
	3.2 All amounts	XXX	XXX	XXX	0
4.	Unallocated funding obligations issued to fund government lotteries or employee, union, or association of natural persons benefit plans which are NOT:				
	(a) governmental retirement plans established under Sections 401, 403(b) or 457 of the U.S. Internal Revenue Code, or				
	(b) protected by the Federal Pension Benefit Guaranty Corporation:				
	4.1 Amounts NOT in excess of $1 million per contract	XXX	XXX	XXX	0
	4.2 Amounts in excess of $1 million but NOT in excess of $5 million per contract	XXX	XXX	XXX	0
	4.3 Amounts in excess of $5 million per contract	XXX	XXX	XXX	0
	4.4 Total (Lines 4.1 + 4.2 + 4.3)	XXX	XXX	XXX	0
	4.5 Amounts up to $7.5 million, per contract (Minnesota only)	XXX	XXX	XXX	0
5.	Unallocated funding obligations issued to fund governmental retirement plans established under Sections 401 and 457 of the U.S. Internal Revenue Code:				
	5.1 Amounts in excess of $1 million per contract	XXX	XXX	XXX	0
	5.2 All amounts	XXX	XXX	XXX	0
	5.3 Amounts in excess of $2 million per contract (New Jersey Only)	XXX	XXX	XXX	0
	5.4 Amounts not in excess of $7.5 million per contract (Minnesota Only)	XXX	XXX	XXX	0
6.	Unallocated funding obligations issued to fund governmental retirement plans established under Sections 403(b) of the U.S. Internal Revenue Code:				
	6.1 Amounts NOT in excess of $1 million per contract	XXX	XXX	XXX	0
	6.2 Amounts in excess of $1 million per contract	XXX	XXX	XXX	0
	6.3 Total (Lines 6.1 + 6.2)	XXX	XXX	XXX	0
	6.4 Amounts in excess of $2 million per contract (New Jersey Only)	XXX	XXX	XXX	0
	6.5 Amounts not in excess of $7.5 million per contract (Minnesota Only)	XXX	XXX	XXX	0
7.	Unallocated funding obligations that fund employee, union, or association of natural persons benefit plans protected by the Federal Pension Benefit Guaranty Corporation:				
	7.1 Amounts NOT in excess of $1 million per contract	XXX	XXX	XXX	0
	7.2 All amounts	XXX	XXX	XXX	0
	7.3 Amounts NOT in excess of $2 million per contract (New Jersey only)	XXX	XXX	XXX	0
8.	Unallocated funding obligations issued to fund government lotteries NOT in excess of $5 million per contractholder (New Jersey Only)	XXX	XXX	XXX	0
9.	Unallocated funding obligations that fund employee or association of natural persons benefit plans in excess of $2 million but NOT in excess of $5 million per contract (New Jersey Only)	XXX	XXX	XXX	0
10.	Aggregate write-ins for other deductions	0	0	0	0
	BASE				
11.	Current Year (2018)	47,739	0	21,876,485	0
	DETAILS OF WRITE-INS				
1001.					
1002.					
1003.					
1098.	Summary of remaining write-ins for Line 10 from overflow page	0	0	0	0
1099.	Totals (Lines 1001 thru 1003 plus 1098)(Line 10 above)	0	0	0	0



LIFE, HEALTH & ANNUITY GUARANTY ASSOCIATION MODEL ACT ASSESSMENT BASE RECONCILIATION EXHIBIT

FOR THE YEAR ENDED DECEMBER 31, 2018
(To Be Filed by April 1)

OF THE UnitedHealthcare Insurance Company NAIC COMPANY CODE 79413

DIRECT BUSINESS IN THE STATE OF: Tennessee

	PREMIUMS, CONSIDERATIONS AND DEPOSITS	1 Life Insurance Premiums	2 Annuity Considerations	3 A & H Premiums	4 Deposit-Type Contract Funds and Other Considerations
1.	Premiums, considerations and deposits from Schedule T or Exhibit of Premiums and Losses	3,853,679	0	587,995,467	0
2.	Premiums, considerations and deposits NOT reported in Schedule T or Exhibit of Premiums and Losses, including investment contract receipts credited to a liability account	0	0	0	0
	2.1 Contract fees for variable contracts with guarantees	0	0	0	0
	2.2 Any other premiums, considerations and deposits not reported in Schedule T or Exhibit of Premiums and Losses	0	0	0	0
3.	Amounts, if applicable, that were deducted prior to determining amounts included in Lines 1 or 2 which are in the following categories:				
	3.1 Transfers to guaranteed Separate Accounts	0	0	0	0
	3.2 Roll over of GICs or annuities into other companies	0	0	0	0
	3.3 Surrenders or other benefits paid out	0	0	0	0
	3.4 Excess interest credited to accounts	0	0	0	0
	3.5 Aggregate write-ins for other amounts deducted prior to determining amounts included in Lines 1 or 2	0	0	0	0
	3.99 Total (Lines 3.1 through 3.5)	0	0	0	0
4.	Transfers:				
	4.1 Enter in Column 2, as a negative number, and Column 4, as a positive number, the total of all amounts received to fund contracts established under Section 403(b) of the U.S. Internal Revenue Code, that are included in Column 2, Lines 1, 2 and 3.99	0	0	0	0
	4.2 Enter in Column 2, as a positive number, and Column 4, as a negative number, any amounts reported in Column 4, Lines 1, 2 and 3.99 that are allocated. (Note: amounts received to fund contracts established under Section 403(b) of the U.S. Internal Revenue Code, should not be included in line 4.2)	0	0	0	0
	4.3 Enter in Column 4, as a positive number, and Column 2, as a negative number, any amounts reported in Column 2, Lines 1, 2 and 3.99 that are unallocated	0	0	0	0
	4.99 Total (Lines 4.1 + 4.2 + 4.3)	0	0	0	0
5.	Total (Lines 1 + 2 + 3.99 + 4.99)	3,853,679	0	587,995,467	0
	DEVELOPMENT OF AMOUNTS INCLUDED IN LINES 1 THROUGH 5 THAT SHOULD BE DEDUCTED IN DETERMINING THE BASE Do not include any amount more than once in Lines 6 through 9				
6.	Aggregate write-ins for amounts where the insurer is not subject to risk. Premiums for portions of policies or contracts NOT guaranteed or under which the entire investment risk is borne by the policyholder. (Please specify such deductions and indicate where such amounts were reported in the Annual Statement)	0	0	0	0
7.	Amounts NOT allocated to individuals or individual certificate holders or amounts received for such contracts in excess of limits:				
	7.1 Unallocated funding obligations that do NOT fund government lotteries or employee, union, or association of natural persons benefit plans	XXX	XXX	XXX	0
	7.2 Unallocated funding obligations that fund any employee, union, or association of natural persons benefit plans protected by the Federal Pension Benefit Guaranty Corporation	XXX	XXX	XXX	0
	7.3 Unallocated funding obligations that fund governmental lotteries or employee, union, or association of natural persons benefit plans in excess of $5 million per contract which are NOT: (a) government retirement plans established under Sections 401, 403(b) or 457 of the U.S. Internal Revenue Code, or (b) protected by the Federal Pension Benefit Guaranty Corporation	XXX	XXX	XXX	0
	7.4 Total (Lines 7.1 + 7.2 + 7.3)	XXX	XXX	XXX	0
8.	Dividends/Experience rating credits paid or credited, but only if NOT guaranteed in advance (include only amounts NOT already deducted in determining Lines 1 and 2)	0	0	0	0
9.	Aggregate write-ins for Other Deductions	0	0	75,094,347	0
10.	Total (Lines 6 + 7.4 + 8 + 9)	0	0	75,094,347	0
	MODEL ACT BASE (Line 5 minus Line 10)				
11.	Current Year	3,853,679	0	512,901,120	0
	DETAILS OF WRITE-INS				
3.501.					
3.502.					
3.503.					
3.598.	Summary of remaining write-ins for Line 3.5 from overflow page	0	0	0	0
3.599.	Totals (Lines 3.501 thru 3.503 plus 3.598)(Line 3.5 above)	0	0	0	0
0601.					
0602.					
0603.					
0698.	Summary of remaining write-ins for Line 6 from overflow page	0	0	0	0
0699.	Totals (Lines 0601 thru 0603 plus 0698)(Line 6 above)	0	0	0	0
0901.	Medicare Part C & D	0	0	65,949,861	0
0902.	Stop Loss	0	0	9,144,486	0
0903.	Medicaid	0	0	0	0
0998.	Summary of remaining write-ins for Line 9 from overflow page	0	0	0	0
0999.	Totals (Lines 0901 thru 0903 plus 0998)(Line 9 above)	0	0	75,094,347	0



ADJUSTMENTS TO THE LIFE, HEALTH & ANNUITY GUARANTY ASSOCIATION MODEL ACT ASSESSMENT BASE RECONCILIATION EXHIBIT

FOR THE YEAR ENDED DECEMBER 31, 2018
(To Be Filed by April 1)

OF THE UnitedHealthcare Insurance Company NAIC COMPANY CODE 79413

DIRECT BUSINESS IN THE STATE OF: Tennessee

		1 Life Insurance Premiums	2 Allocated Annuity and Other Allocated Fund Deposits	3 Accident & Health Premium	4 Unallocated Annuity & Other Unallocated Fund Deposits
1.	MODEL ACT BASE (Line 11 of the Reconciliation Exhibit)	3,853,679	0	512,901,120	0
	AMOUNTS REQUIRED TO DETERMINE THIS STATE'S ASSESSMENT BASE				
2.	Enter in Column 2, as a positive number, and Column 4, as a negative number, the total of all amounts received to fund allocated contracts established under Section 403(b) of the U.S. Internal Revenue Code that are included in Column 4, Line 1 above	XXX	0	XXX	0
3.	Unallocated funding obligations that do NOT fund government lotteries or employee, union, or association of natural persons benefit plans:				
	3.1 Amounts NOT in excess of $1 million per contract	XXX	XXX	XXX	0
	3.2 All amounts	XXX	XXX	XXX	0
4.	Unallocated funding obligations issued to fund government lotteries or employee, union, or association of natural persons benefit plans which are NOT:				
	(a) governmental retirement plans established under Sections 401, 403(b) or 457 of the U.S. Internal Revenue Code, or				
	(b) protected by the Federal Pension Benefit Guaranty Corporation:				
	4.1 Amounts NOT in excess of $1 million per contract	XXX	XXX	XXX	0
	4.2 Amounts in excess of $1 million but NOT in excess of $5 million per contract	XXX	XXX	XXX	0
	4.3 Amounts in excess of $5 million per contract	XXX	XXX	XXX	0
	4.4 Total (Lines 4.1 + 4.2 + 4.3)	XXX	XXX	XXX	0
	4.5 Amounts up to $7.5 million, per contract (Minnesota only)	XXX	XXX	XXX	0
5.	Unallocated funding obligations issued to fund governmental retirement plans established under Sections 401 and 457 of the U.S. Internal Revenue Code:				
	5.1 Amounts in excess of $1 million per contract	XXX	XXX	XXX	0
	5.2 All amounts	XXX	XXX	XXX	0
	5.3 Amounts in excess of $2 million per contract (New Jersey Only)	XXX	XXX	XXX	0
	5.4 Amounts not in excess of $7.5 million per contract (Minnesota Only)	XXX	XXX	XXX	0
6.	Unallocated funding obligations issued to fund governmental retirement plans established under Sections 403(b) of the U.S. Internal Revenue Code:				
	6.1 Amounts NOT in excess of $1 million per contract	XXX	XXX	XXX	0
	6.2 Amounts in excess of $1 million per contract	XXX	XXX	XXX	0
	6.3 Total (Lines 6.1 + 6.2)	XXX	XXX	XXX	0
	6.4 Amounts in excess of $2 million per contract (New Jersey Only)	XXX	XXX	XXX	0
	6.5 Amounts not in excess of $7.5 million per contract (Minnesota Only)	XXX	XXX	XXX	0
7.	Unallocated funding obligations that fund employee, union, or association of natural persons benefit plans protected by the Federal Pension Benefit Guaranty Corporation:				
	7.1 Amounts NOT in excess of $1 million per contract	XXX	XXX	XXX	0
	7.2 All amounts	XXX	XXX	XXX	0
	7.3 Amounts NOT in excess of $2 million per contract (New Jersey only)	XXX	XXX	XXX	0
8.	Unallocated funding obligations issued to fund government lotteries NOT in excess of $5 million per contractholder (New Jersey Only)	XXX	XXX	XXX	0
9.	Unallocated funding obligations that fund employee or association of natural persons benefit plans in excess of $2 million but NOT in excess of $5 million per contract (New Jersey Only)	XXX	XXX	XXX	0
10.	Aggregate write-ins for other deductions	0	0	0	0
	BASE				
11.	Current Year (2018)	3,853,679	0	512,901,120	0
	DETAILS OF WRITE-INS				
1001.					
1002.					
1003.					
1098.	Summary of remaining write-ins for Line 10 from overflow page	0	0	0	0
1099.	Totals (Lines 1001 thru 1003 plus 1098)(Line 10 above)	0	0	0	0



LIFE, HEALTH & ANNUITY GUARANTY ASSOCIATION MODEL ACT ASSESSMENT BASE RECONCILIATION EXHIBIT

FOR THE YEAR ENDED DECEMBER 31, 2018
(To Be Filed by April 1)

OF THE UnitedHealthcare Insurance Company NAIC COMPANY CODE 79413

DIRECT BUSINESS IN THE STATE OF: Texas

	PREMIUMS, CONSIDERATIONS AND DEPOSITS	1 Life Insurance Premiums	2 Annuity Considerations	3 A & H Premiums	4 Deposit-Type Contract Funds and Other Considerations
1.	Premiums, considerations and deposits from Schedule T or Exhibit of Premiums and Losses	15,850,121	0	6,330,236,807	0
2.	Premiums, considerations and deposits NOT reported in Schedule T or Exhibit of Premiums and Losses, including investment contract receipts credited to a liability account	0	0	0	0
	2.1 Contract fees for variable contracts with guarantees	0	0	0	0
	2.2 Any other premiums, considerations and deposits not reported in Schedule T or Exhibit of Premiums and Losses	0	0	0	0
3.	Amounts, if applicable, that were deducted prior to determining amounts included in Lines 1 or 2 which are in the following categories:				
	3.1 Transfers to guaranteed Separate Accounts	0	0	0	0
	3.2 Roll over of GICs or annuities into other companies	0	0	0	0
	3.3 Surrenders or other benefits paid out	0	0	0	0
	3.4 Excess interest credited to accounts	0	0	0	0
	3.5 Aggregate write-ins for other amounts deducted prior to determining amounts included in Lines 1 or 2	0	0	0	0
	3.99 Total (Lines 3.1 through 3.5)	0	0	0	0
4.	Transfers:				
	4.1 Enter in Column 2, as a negative number, and Column 4, as a positive number, the total of all amounts received to fund contracts established under Section 403(b) of the U.S. Internal Revenue Code, that are included in Column 2, Lines 1, 2 and 3.99	0	0	0	0
	4.2 Enter in Column 2, as a positive number, and Column 4, as a negative number, any amounts reported in Column 4, Lines 1, 2 and 3.99 that are allocated. (Note: amounts received to fund contracts established under Section 403(b) of the U.S. Internal Revenue Code, should not be included in line 4.2)	0	0	0	0
	4.3 Enter in Column 4, as a positive number, and Column 2, as a negative number, any amounts reported in Column 2, Lines 1, 2 and 3.99 that are unallocated	0	0	0	0
	4.99 Total (Lines 4.1 + 4.2 + 4.3)	0	0	0	0
5.	Total (Lines 1 + 2 + 3.99 + 4.99)	15,850,121	0	6,330,236,807	0
	DEVELOPMENT OF AMOUNTS INCLUDED IN LINES 1 THROUGH 5 THAT SHOULD BE DEDUCTED IN DETERMINING THE BASE Do not include any amount more than once in Lines 6 through 9				
6.	Aggregate write-ins for amounts where the insurer is not subject to risk. Premiums for portions of policies or contracts NOT guaranteed or under which the entire investment risk is borne by the policyholder. (Please specify such deductions and indicate where such amounts were reported in the Annual Statement)	0	0	0	0
7.	Amounts NOT allocated to individuals or individual certificate holders or amounts received for such contracts in excess of limits:				
	7.1 Unallocated funding obligations that do NOT fund government lotteries or employee, union, or association of natural persons benefit plans	XXX	XXX	XXX	0
	7.2 Unallocated funding obligations that fund any employee, union, or association of natural persons benefit plans protected by the Federal Pension Benefit Guaranty Corporation	XXX	XXX	XXX	0
	7.3 Unallocated funding obligations that fund governmental lotteries or employee, union, or association of natural persons benefit plans in excess of $5 million per contract which are NOT: (a) government retirement plans established under Sections 401, 403(b) or 457 of the U.S. Internal Revenue Code, or (b) protected by the Federal Pension Benefit Guaranty Corporation	XXX	XXX	XXX	0
	7.4 Total (Lines 7.1 + 7.2 + 7.3)	XXX	XXX	XXX	0
8.	Dividends/Experience rating credits paid or credited, but only if NOT guaranteed in advance (include only amounts NOT already deducted in determining Lines 1 and 2)	0	0	0	0
9.	Aggregate write-ins for Other Deductions	0	0	1,966,097,820	0
10.	Total (Lines 6 + 7.4 + 8 + 9)	0	0	1,966,097,820	0
	MODEL ACT BASE (Line 5 minus Line 10)				
11.	Current Year	15,850,121	0	4,364,138,987	0
	DETAILS OF WRITE-INS				
3.501.					
3.502.					
3.503.					
3.598.	Summary of remaining write-ins for Line 3.5 from overflow page	0	0	0	0
3.599.	Totals (Lines 3.501 thru 3.503 plus 3.598)(Line 3.5 above)	0	0	0	0
0601.					
0602.					
0603.					
0698.	Summary of remaining write-ins for Line 6 from overflow page	0	0	0	0
0699.	Totals (Lines 0601 thru 0603 plus 0698)(Line 6 above)	0	0	0	0
0901.	Medicare Part C & D	0	0	614,097,785	0
0902.	Stop Loss	0	0	117,042,001	0
0903.	Medicaid	0	0	1,234,958,034	0
0998.	Summary of remaining write-ins for Line 9 from overflow page	0	0	0	0
0999.	Totals (Lines 0901 thru 0903 plus 0998)(Line 9 above)	0	0	1,966,097,820	0



ADJUSTMENTS TO THE LIFE, HEALTH & ANNUITY GUARANTY ASSOCIATION MODEL ACT ASSESSMENT BASE RECONCILIATION EXHIBIT

FOR THE YEAR ENDED DECEMBER 31, 2018
(To Be Filed by April 1)

OF THE UnitedHealthcare Insurance Company NAIC COMPANY CODE 79413

DIRECT BUSINESS IN THE STATE OF: Texas

		1 Life Insurance Premiums	2 Allocated Annuity and Other Allocated Fund Deposits	3 Accident & Health Premium	4 Unallocated Annuity & Other Unallocated Fund Deposits
1.	MODEL ACT BASE (Line 11 of the Reconciliation Exhibit)	15,850,121	0	4,364,138,987	0
	AMOUNTS REQUIRED TO DETERMINE THIS STATE'S ASSESSMENT BASE				
2.	Enter in Column 2, as a positive number, and Column 4, as a negative number, the total of all amounts received to fund allocated contracts established under Section 403(b) of the U.S. Internal Revenue Code that are included in Column 4, Line 1 above	XXX	0	XXX	0
3.	Unallocated funding obligations that do NOT fund government lotteries or employee, union, or association of natural persons benefit plans:				
	3.1 Amounts NOT in excess of $1 million per contract	XXX	XXX	XXX	0
	3.2 All amounts	XXX	XXX	XXX	0
4.	Unallocated funding obligations issued to fund government lotteries or employee, union, or association of natural persons benefit plans which are NOT:				
	(a) governmental retirement plans established under Sections 401, 403(b) or 457 of the U.S. Internal Revenue Code, or				
	(b) protected by the Federal Pension Benefit Guaranty Corporation:				
	4.1 Amounts NOT in excess of $1 million per contract	XXX	XXX	XXX	0
	4.2 Amounts in excess of $1 million but NOT in excess of $5 million per contract	XXX	XXX	XXX	0
	4.3 Amounts in excess of $5 million per contract	XXX	XXX	XXX	0
	4.4 Total (Lines 4.1 + 4.2 + 4.3)	XXX	XXX	XXX	0
	4.5 Amounts up to $7.5 million, per contract (Minnesota only)	XXX	XXX	XXX	0
5.	Unallocated funding obligations issued to fund governmental retirement plans established under Sections 401 and 457 of the U.S. Internal Revenue Code:				
	5.1 Amounts in excess of $1 million per contract	XXX	XXX	XXX	0
	5.2 All amounts	XXX	XXX	XXX	0
	5.3 Amounts in excess of $2 million per contract (New Jersey Only)	XXX	XXX	XXX	0
	5.4 Amounts not in excess of $7.5 million per contract (Minnesota Only)	XXX	XXX	XXX	0
6.	Unallocated funding obligations issued to fund governmental retirement plans established under Sections 403(b) of the U.S. Internal Revenue Code:				
	6.1 Amounts NOT in excess of $1 million per contract	XXX	XXX	XXX	0
	6.2 Amounts in excess of $1 million per contract	XXX	XXX	XXX	0
	6.3 Total (Lines 6.1 + 6.2)	XXX	XXX	XXX	0
	6.4 Amounts in excess of $2 million per contract (New Jersey Only)	XXX	XXX	XXX	0
	6.5 Amounts not in excess of $7.5 million per contract (Minnesota Only)	XXX	XXX	XXX	0
7.	Unallocated funding obligations that fund employee, union, or association of natural persons benefit plans protected by the Federal Pension Benefit Guaranty Corporation:				
	7.1 Amounts NOT in excess of $1 million per contract	XXX	XXX	XXX	0
	7.2 All amounts	XXX	XXX	XXX	0
	7.3 Amounts NOT in excess of $2 million per contract (New Jersey only)	XXX	XXX	XXX	0
8.	Unallocated funding obligations issued to fund government lotteries NOT in excess of $5 million per contractholder (New Jersey Only)	XXX	XXX	XXX	0
9.	Unallocated funding obligations that fund employee or association of natural persons benefit plans in excess of $2 million but NOT in excess of $5 million per contract (New Jersey Only)	XXX	XXX	XXX	0
10.	Aggregate write-ins for other deductions	0	0	0	0
	BASE				
11.	Current Year (2018)	15,850,121	0	4,364,138,987	0
	DETAILS OF WRITE-INS				
1001.					
1002.					
1003.					
1098.	Summary of remaining write-ins for Line 10 from overflow page	0	0	0	0
1099.	Totals (Lines 1001 thru 1003 plus 1098)(Line 10 above)	0	0	0	0



LIFE, HEALTH & ANNUITY GUARANTY ASSOCIATION MODEL ACT ASSESSMENT BASE RECONCILIATION EXHIBIT

FOR THE YEAR ENDED DECEMBER 31, 2018
(To Be Filed by April 1)

OF THE UnitedHealthcare Insurance Company NAIC COMPANY CODE 79413

DIRECT BUSINESS IN THE STATE OF: Utah

	PREMIUMS, CONSIDERATIONS AND DEPOSITS	1 Life Insurance Premiums	2 Annuity Considerations	3 A & H Premiums	4 Deposit-Type Contract Funds and Other Considerations
1.	Premiums, considerations and deposits from Schedule T or Exhibit of Premiums and Losses	1,184,362	0	383,901,529	0
2.	Premiums, considerations and deposits NOT reported in Schedule T or Exhibit of Premiums and Losses, including investment contract receipts credited to a liability account	0	0	0	0
	2.1 Contract fees for variable contracts with guarantees	0	0	0	0
	2.2 Any other premiums, considerations and deposits not reported in Schedule T or Exhibit of Premiums and Losses	0	0	0	0
3.	Amounts, if applicable, that were deducted prior to determining amounts included in Lines 1 or 2 which are in the following categories:				
	3.1 Transfers to guaranteed Separate Accounts	0	0	0	0
	3.2 Roll over of GICs or annuities into other companies	0	0	0	0
	3.3 Surrenders or other benefits paid out	0	0	0	0
	3.4 Excess interest credited to accounts	0	0	0	0
	3.5 Aggregate write-ins for other amounts deducted prior to determining amounts included in Lines 1 or 2	0	0	0	0
	3.99 Total (Lines 3.1 through 3.5)	0	0	0	0
4.	Transfers:				
	4.1 Enter in Column 2, as a negative number, and Column 4, as a positive number, the total of all amounts received to fund contracts established under Section 403(b) of the U.S. Internal Revenue Code, that are included in Column 2, Lines 1, 2 and 3.99	0	0	0	0
	4.2 Enter in Column 2, as a positive number, and Column 4, as a negative number, any amounts reported in Column 4, Lines 1, 2 and 3.99 that are allocated. (Note: amounts received to fund contracts established under Section 403(b) of the U.S. Internal Revenue Code, should not be included in line 4.2)	0	0	0	0
	4.3 Enter in Column 4, as a positive number, and Column 2, as a negative number, any amounts reported in Column 2, Lines 1, 2 and 3.99 that are unallocated	0	0	0	0
	4.99 Total (Lines 4.1 + 4.2 + 4.3)	0	0	0	0
5.	Total (Lines 1 + 2 + 3.99 + 4.99)	1,184,362	0	383,901,529	0
	DEVELOPMENT OF AMOUNTS INCLUDED IN LINES 1 THROUGH 5 THAT SHOULD BE DEDUCTED IN DETERMINING THE BASE Do not include any amount more than once in Lines 6 through 9				
6.	Aggregate write-ins for amounts where the insurer is not subject to risk. Premiums for portions of policies or contracts NOT guaranteed or under which the entire investment risk is borne by the policyholder. (Please specify such deductions and indicate where such amounts were reported in the Annual Statement)	0	0	0	0
7.	Amounts NOT allocated to individuals or individual certificate holders or amounts received for such contracts in excess of limits:				
	7.1 Unallocated funding obligations that do NOT fund government lotteries or employee, union, or association of natural persons benefit plans	XXX	XXX	XXX	0
	7.2 Unallocated funding obligations that fund any employee, union, or association of natural persons benefit plans protected by the Federal Pension Benefit Guaranty Corporation	XXX	XXX	XXX	0
	7.3 Unallocated funding obligations that fund governmental lotteries or employee, union, or association of natural persons benefit plans in excess of $5 million per contract which are NOT: (a) government retirement plans established under Sections 401, 403(b) or 457 of the U.S. Internal Revenue Code, or (b) protected by the Federal Pension Benefit Guaranty Corporation	XXX	XXX	XXX	0
	7.4 Total (Lines 7.1 + 7.2 + 7.3)	XXX	XXX	XXX	0
8.	Dividends/Experience rating credits paid or credited, but only if NOT guaranteed in advance (include only amounts NOT already deducted in determining Lines 1 and 2)	0	0	0	0
9.	Aggregate write-ins for Other Deductions	0	0	23,841,762	0
10.	Total (Lines 6 + 7.4 + 8 + 9)	0	0	23,841,762	0
	MODEL ACT BASE (Line 5 minus Line 10)				
11.	Current Year	1,184,362	0	360,059,767	0
	DETAILS OF WRITE-INS				
3.501.					
3.502.					
3.503.					
3.598.	Summary of remaining write-ins for Line 3.5 from overflow page	0	0	0	0
3.599.	Totals (Lines 3.501 thru 3.503 plus 3.598)(Line 3.5 above)	0	0	0	0
0601.					
0602.					
0603.					
0698.	Summary of remaining write-ins for Line 6 from overflow page	0	0	0	0
0699.	Totals (Lines 0601 thru 0603 plus 0698)(Line 6 above)	0	0	0	0
0901.	Medicare Part C & D	0	0	14,457,610	0
0902.	Stop Loss	0	0	9,384,152	0
0903.	Medicaid	0	0	0	0
0998.	Summary of remaining write-ins for Line 9 from overflow page	0	0	0	0
0999.	Totals (Lines 0901 thru 0903 plus 0998)(Line 9 above)	0	0	23,841,762	0



ADJUSTMENTS TO THE LIFE, HEALTH & ANNUITY GUARANTY ASSOCIATION MODEL ACT ASSESSMENT BASE RECONCILIATION EXHIBIT

FOR THE YEAR ENDED DECEMBER 31, 2018
(To Be Filed by April 1)

OF THE UnitedHealthcare Insurance Company NAIC COMPANY CODE 79413

DIRECT BUSINESS IN THE STATE OF: Utah

		1 Life Insurance Premiums	2 Allocated Annuity and Other Allocated Fund Deposits	3 Accident & Health Premium	4 Unallocated Annuity & Other Unallocated Fund Deposits
1.	MODEL ACT BASE (Line 11 of the Reconciliation Exhibit)	1,184,362	0	360,059,767	0
	AMOUNTS REQUIRED TO DETERMINE THIS STATE'S ASSESSMENT BASE				
2.	Enter in Column 2, as a positive number, and Column 4, as a negative number, the total of all amounts received to fund allocated contracts established under Section 403(b) of the U.S. Internal Revenue Code that are included in Column 4, Line 1 above	XXX	0	XXX	0
3.	Unallocated funding obligations that do NOT fund government lotteries or employee, union, or association of natural persons benefit plans:				
	3.1 Amounts NOT in excess of $1 million per contract	XXX	XXX	XXX	0
	3.2 All amounts	XXX	XXX	XXX	0
4.	Unallocated funding obligations issued to fund government lotteries or employee, union, or association of natural persons benefit plans which are NOT:				
	(a) governmental retirement plans established under Sections 401, 403(b) or 457 of the U.S. Internal Revenue Code, or				
	(b) protected by the Federal Pension Benefit Guaranty Corporation:				
	4.1 Amounts NOT in excess of $1 million per contract	XXX	XXX	XXX	0
	4.2 Amounts in excess of $1 million but NOT in excess of $5 million per contract	XXX	XXX	XXX	0
	4.3 Amounts in excess of $5 million per contract	XXX	XXX	XXX	0
	4.4 Total (Lines 4.1 + 4.2 + 4.3)	XXX	XXX	XXX	0
	4.5 Amounts up to $7.5 million, per contract (Minnesota only)	XXX	XXX	XXX	0
5.	Unallocated funding obligations issued to fund governmental retirement plans established under Sections 401 and 457 of the U.S. Internal Revenue Code:				
	5.1 Amounts in excess of $1 million per contract	XXX	XXX	XXX	0
	5.2 All amounts	XXX	XXX	XXX	0
	5.3 Amounts in excess of $2 million per contract (New Jersey Only)	XXX	XXX	XXX	0
	5.4 Amounts not in excess of $7.5 million per contract (Minnesota Only)	XXX	XXX	XXX	0
6.	Unallocated funding obligations issued to fund governmental retirement plans established under Sections 403(b) of the U.S. Internal Revenue Code:				
	6.1 Amounts NOT in excess of $1 million per contract	XXX	XXX	XXX	0
	6.2 Amounts in excess of $1 million per contract	XXX	XXX	XXX	0
	6.3 Total (Lines 6.1 + 6.2)	XXX	XXX	XXX	0
	6.4 Amounts in excess of $2 million per contract (New Jersey Only)	XXX	XXX	XXX	0
	6.5 Amounts not in excess of $7.5 million per contract (Minnesota Only)	XXX	XXX	XXX	0
7.	Unallocated funding obligations that fund employee, union, or association of natural persons benefit plans protected by the Federal Pension Benefit Guaranty Corporation:				
	7.1 Amounts NOT in excess of $1 million per contract	XXX	XXX	XXX	0
	7.2 All amounts	XXX	XXX	XXX	0
	7.3 Amounts NOT in excess of $2 million per contract (New Jersey only)	XXX	XXX	XXX	0
8.	Unallocated funding obligations issued to fund government lotteries NOT in excess of $5 million per contractholder (New Jersey Only)	XXX	XXX	XXX	0
9.	Unallocated funding obligations that fund employee or association of natural persons benefit plans in excess of $2 million but NOT in excess of $5 million per contract (New Jersey Only)	XXX	XXX	XXX	0
10.	Aggregate write-ins for other deductions	0	0	0	0
	BASE				
11.	Current Year (2018)	1,184,362	0	360,059,767	0
	DETAILS OF WRITE-INS				
1001.					
1002.					
1003.					
1098.	Summary of remaining write-ins for Line 10 from overflow page	0	0	0	0
1099.	Totals (Lines 1001 thru 1003 plus 1098)(Line 10 above)	0	0	0	0



LIFE, HEALTH & ANNUITY GUARANTY ASSOCIATION MODEL ACT ASSESSMENT BASE RECONCILIATION EXHIBIT

FOR THE YEAR ENDED DECEMBER 31, 2018
(To Be Filed by April 1)

OF THE UnitedHealthcare Insurance Company NAIC COMPANY CODE 79413

DIRECT BUSINESS IN THE STATE OF: Vermont

	PREMIUMS, CONSIDERATIONS AND DEPOSITS	1 Life Insurance Premiums	2 Annuity Considerations	3 A & H Premiums	4 Deposit-Type Contract Funds and Other Considerations
1.	Premiums, considerations and deposits from Schedule T or Exhibit of Premiums and Losses	34,276	0	126,449,416	0
2.	Premiums, considerations and deposits NOT reported in Schedule T or Exhibit of Premiums and Losses, including investment contract receipts credited to a liability account	0	0	0	0
	2.1 Contract fees for variable contracts with guarantees	0	0	0	0
	2.2 Any other premiums, considerations and deposits not reported in Schedule T or Exhibit of Premiums and Losses	0	0	0	0
3.	Amounts, if applicable, that were deducted prior to determining amounts included in Lines 1 or 2 which are in the following categories:				
	3.1 Transfers to guaranteed Separate Accounts	0	0	0	0
	3.2 Roll over of GICs or annuities into other companies	0	0	0	0
	3.3 Surrenders or other benefits paid out	0	0	0	0
	3.4 Excess interest credited to accounts	0	0	0	0
	3.5 Aggregate write-ins for other amounts deducted prior to determining amounts included in Lines 1 or 2	0	0	0	0
	3.99 Total (Lines 3.1 through 3.5)	0	0	0	0
4.	Transfers:				
	4.1 Enter in Column 2, as a negative number, and Column 4, as a positive number, the total of all amounts received to fund contracts established under Section 403(b) of the U.S. Internal Revenue Code, that are included in Column 2, Lines 1, 2 and 3.99	0	0	0	0
	4.2 Enter in Column 2, as a positive number, and Column 4, as a negative number, any amounts reported in Column 4, Lines 1, 2 and 3.99 that are allocated. (Note: amounts received to fund contracts established under Section 403(b) of the U.S. Internal Revenue Code, should not be included in line 4.2)	0	0	0	0
	4.3 Enter in Column 4, as a positive number, and Column 2, as a negative number, any amounts reported in Column 2, Lines 1, 2 and 3.99 that are unallocated	0	0	0	0
	4.99 Total (Lines 4.1 + 4.2 + 4.3)	0	0	0	0
5.	Total (Lines 1 + 2 + 3.99 + 4.99)	34,276	0	126,449,416	0
	DEVELOPMENT OF AMOUNTS INCLUDED IN LINES 1 THROUGH 5 THAT SHOULD BE DEDUCTED IN DETERMINING THE BASE Do not include any amount more than once in Lines 6 through 9				
6.	Aggregate write-ins for amounts where the insurer is not subject to risk. Premiums for portions of policies or contracts NOT guaranteed or under which the entire investment risk is borne by the policyholder. (Please specify such deductions and indicate where such amounts were reported in the Annual Statement)	0	0	0	0
7.	Amounts NOT allocated to individuals or individual certificate holders or amounts received for such contracts in excess of limits:				
	7.1 Unallocated funding obligations that do NOT fund government lotteries or employee, union, or association of natural persons benefit plans	XXX	XXX	XXX	0
	7.2 Unallocated funding obligations that fund any employee, union, or association of natural persons benefit plans protected by the Federal Pension Benefit Guaranty Corporation	XXX	XXX	XXX	0
	7.3 Unallocated funding obligations that fund governmental lotteries or employee, union, or association of natural persons benefit plans in excess of $5 million per contract which are NOT: (a) government retirement plans established under Sections 401, 403(b) or 457 of the U.S. Internal Revenue Code, or (b) protected by the Federal Pension Benefit Guaranty Corporation	XXX	XXX	XXX	0
	7.4 Total (Lines 7.1 + 7.2 + 7.3)	XXX	XXX	XXX	0
8.	Dividends/Experience rating credits paid or credited, but only if NOT guaranteed in advance (include only amounts NOT already deducted in determining Lines 1 and 2)	0	0	0	0
9.	Aggregate write-ins for Other Deductions	0	0	76,563,739	0
10.	Total (Lines 6 + 7.4 + 8 + 9)	0	0	76,563,739	0
	MODEL ACT BASE (Line 5 minus Line 10)				
11.	Current Year	34,276	0	49,885,677	0
	DETAILS OF WRITE-INS				
3.501.					
3.502.					
3.503.					
3.598.	Summary of remaining write-ins for Line 3.5 from overflow page	0	0	0	0
3.599.	Totals (Lines 3.501 thru 3.503 plus 3.598)(Line 3.5 above)	0	0	0	0
0601.					
0602.					
0603.					
0698.	Summary of remaining write-ins for Line 6 from overflow page	0	0	0	0
0699.	Totals (Lines 0601 thru 0603 plus 0698)(Line 6 above)	0	0	0	0
0901.	Medicare Part C & D	0	0	76,367,424	0
0902.	Stop Loss	0	0	196,315	0
0903.	Medicaid	0	0	0	0
0998.	Summary of remaining write-ins for Line 9 from overflow page	0	0	0	0
0999.	Totals (Lines 0901 thru 0903 plus 0998)(Line 9 above)	0	0	76,563,739	0



ADJUSTMENTS TO THE LIFE, HEALTH & ANNUITY GUARANTY ASSOCIATION MODEL ACT ASSESSMENT BASE RECONCILIATION EXHIBIT

FOR THE YEAR ENDED DECEMBER 31, 2018
(To Be Filed by April 1)

OF THE UnitedHealthcare Insurance Company NAIC COMPANY CODE 79413

DIRECT BUSINESS IN THE STATE OF: Vermont

		1 Life Insurance Premiums	2 Allocated Annuity and Other Allocated Fund Deposits	3 Accident & Health Premium	4 Unallocated Annuity & Other Unallocated Fund Deposits
1.	MODEL ACT BASE (Line 11 of the Reconciliation Exhibit)	34,276	0	49,885,677	0
	AMOUNTS REQUIRED TO DETERMINE THIS STATE'S ASSESSMENT BASE				
2.	Enter in Column 2, as a positive number, and Column 4, as a negative number, the total of all amounts received to fund allocated contracts established under Section 403(b) of the U.S. Internal Revenue Code that are included in Column 4, Line 1 above	XXX	0	XXX	0
3.	Unallocated funding obligations that do NOT fund government lotteries or employee, union, or association of natural persons benefit plans:				
	3.1 Amounts NOT in excess of $1 million per contract	XXX	XXX	XXX	0
	3.2 All amounts	XXX	XXX	XXX	0
4.	Unallocated funding obligations issued to fund government lotteries or employee, union, or association of natural persons benefit plans which are NOT:				
	(a) governmental retirement plans established under Sections 401, 403(b) or 457 of the U.S. Internal Revenue Code, or				
	(b) protected by the Federal Pension Benefit Guaranty Corporation:				
	4.1 Amounts NOT in excess of $1 million per contract	XXX	XXX	XXX	0
	4.2 Amounts in excess of $1 million but NOT in excess of $5 million per contract	XXX	XXX	XXX	0
	4.3 Amounts in excess of $5 million per contract	XXX	XXX	XXX	0
	4.4 Total (Lines 4.1 + 4.2 + 4.3)	XXX	XXX	XXX	0
	4.5 Amounts up to $7.5 million, per contract (Minnesota only)	XXX	XXX	XXX	0
5.	Unallocated funding obligations issued to fund governmental retirement plans established under Sections 401 and 457 of the U.S. Internal Revenue Code:				
	5.1 Amounts in excess of $1 million per contract	XXX	XXX	XXX	0
	5.2 All amounts	XXX	XXX	XXX	0
	5.3 Amounts in excess of $2 million per contract (New Jersey Only)	XXX	XXX	XXX	0
	5.4 Amounts not in excess of $7.5 million per contract (Minnesota Only)	XXX	XXX	XXX	0
6.	Unallocated funding obligations issued to fund governmental retirement plans established under Sections 403(b) of the U.S. Internal Revenue Code:				
	6.1 Amounts NOT in excess of $1 million per contract	XXX	XXX	XXX	0
	6.2 Amounts in excess of $1 million per contract	XXX	XXX	XXX	0
	6.3 Total (Lines 6.1 + 6.2)	XXX	XXX	XXX	0
	6.4 Amounts in excess of $2 million per contract (New Jersey Only)	XXX	XXX	XXX	0
	6.5 Amounts not in excess of $7.5 million per contract (Minnesota Only)	XXX	XXX	XXX	0
7.	Unallocated funding obligations that fund employee, union, or association of natural persons benefit plans protected by the Federal Pension Benefit Guaranty Corporation:				
	7.1 Amounts NOT in excess of $1 million per contract	XXX	XXX	XXX	0
	7.2 All amounts	XXX	XXX	XXX	0
	7.3 Amounts NOT in excess of $2 million per contract (New Jersey only)	XXX	XXX	XXX	0
8.	Unallocated funding obligations issued to fund government lotteries NOT in excess of $5 million per contractholder (New Jersey Only)	XXX	XXX	XXX	0
9.	Unallocated funding obligations that fund employee or association of natural persons benefit plans in excess of $2 million but NOT in excess of $5 million per contract (New Jersey Only)	XXX	XXX	XXX	0
10.	Aggregate write-ins for other deductions	0	0	0	0
	BASE				
11.	Current Year (2018)	34,276	0	49,885,677	0
	DETAILS OF WRITE-INS				
1001.					
1002.					
1003.					
1098.	Summary of remaining write-ins for Line 10 from overflow page	0	0	0	0
1099.	Totals (Lines 1001 thru 1003 plus 1098)(Line 10 above)	0	0	0	0



LIFE, HEALTH & ANNUITY GUARANTY ASSOCIATION MODEL ACT ASSESSMENT BASE RECONCILIATION EXHIBIT

FOR THE YEAR ENDED DECEMBER 31, 2018
(To Be Filed by April 1)

OF THE UnitedHealthcare Insurance Company NAIC COMPANY CODE 79413

DIRECT BUSINESS IN THE STATE OF: Virginia

	PREMIUMS, CONSIDERATIONS AND DEPOSITS	1 Life Insurance Premiums	2 Annuity Considerations	3 A & H Premiums	4 Deposit-Type Contract Funds and Other Considerations
1.	Premiums, considerations and deposits from Schedule T or Exhibit of Premiums and Losses	2,694,342	0	1,732,904,884	0
2.	Premiums, considerations and deposits NOT reported in Schedule T or Exhibit of Premiums and Losses, including investment contract receipts credited to a liability account	0	0	0	0
	2.1 Contract fees for variable contracts with guarantees	0	0	0	0
	2.2 Any other premiums, considerations and deposits not reported in Schedule T or Exhibit of Premiums and Losses	0	0	0	0
3.	Amounts, if applicable, that were deducted prior to determining amounts included in Lines 1 or 2 which are in the following categories:				
	3.1 Transfers to guaranteed Separate Accounts	0	0	0	0
	3.2 Roll over of GICs or annuities into other companies	0	0	0	0
	3.3 Surrenders or other benefits paid out	0	0	0	0
	3.4 Excess interest credited to accounts	0	0	0	0
	3.5 Aggregate write-ins for other amounts deducted prior to determining amounts included in Lines 1 or 2	0	0	0	0
	3.99 Total (Lines 3.1 through 3.5)	0	0	0	0
4.	Transfers:				
	4.1 Enter in Column 2, as a negative number, and Column 4, as a positive number, the total of all amounts received to fund contracts established under Section 403(b) of the U.S. Internal Revenue Code, that are included in Column 2, Lines 1, 2 and 3.99	0	0	0	0
	4.2 Enter in Column 2, as a positive number, and Column 4, as a negative number, any amounts reported in Column 4, Lines 1, 2 and 3.99 that are allocated. (Note: amounts received to fund contracts established under Section 403(b) of the U.S. Internal Revenue Code, should not be included in line 4.2)	0	0	0	0
	4.3 Enter in Column 4, as a positive number, and Column 2, as a negative number, any amounts reported in Column 2, Lines 1, 2 and 3.99 that are unallocated	0	0	0	0
	4.99 Total (Lines 4.1 + 4.2 + 4.3)	0	0	0	0
5.	Total (Lines 1 + 2 + 3.99 + 4.99)	2,694,342	0	1,732,904,884	0
	DEVELOPMENT OF AMOUNTS INCLUDED IN LINES 1 THROUGH 5 THAT SHOULD BE DEDUCTED IN DETERMINING THE BASE Do not include any amount more than once in Lines 6 through 9				
6.	Aggregate write-ins for amounts where the insurer is not subject to risk. Premiums for portions of policies or contracts NOT guaranteed or under which the entire investment risk is borne by the policyholder. (Please specify such deductions and indicate where such amounts were reported in the Annual Statement)	0	0	0	0
7.	Amounts NOT allocated to individuals or individual certificate holders or amounts received for such contracts in excess of limits:				
	7.1 Unallocated funding obligations that do NOT fund government lotteries or employee, union, or association of natural persons benefit plans	XXX	XXX	XXX	0
	7.2 Unallocated funding obligations that fund any employee, union, or association of natural persons benefit plans protected by the Federal Pension Benefit Guaranty Corporation	XXX	XXX	XXX	0
	7.3 Unallocated funding obligations that fund governmental lotteries or employee, union, or association of natural persons benefit plans in excess of $5 million per contract which are NOT: (a) government retirement plans established under Sections 401, 403(b) or 457 of the U.S. Internal Revenue Code, or (b) protected by the Federal Pension Benefit Guaranty Corporation	XXX	XXX	XXX	0
	7.4 Total (Lines 7.1 + 7.2 + 7.3)	XXX	XXX	XXX	0
8.	Dividends/Experience rating credits paid or credited, but only if NOT guaranteed in advance (include only amounts NOT already deducted in determining Lines 1 and 2)	0	0	0	0
9.	Aggregate write-ins for Other Deductions	0	0	602,546,777	0
10.	Total (Lines 6 + 7.4 + 8 + 9)	0	0	602,546,777	0
	MODEL ACT BASE (Line 5 minus Line 10)				
11.	Current Year	2,694,342	0	1,130,358,107	0
	DETAILS OF WRITE-INS				
3.501.					
3.502.					
3.503.					
3.598.	Summary of remaining write-ins for Line 3.5 from overflow page	0	0	0	0
3.599.	Totals (Lines 3.501 thru 3.503 plus 3.598)(Line 3.5 above)	0	0	0	0
0601.					
0602.					
0603.					
0698.	Summary of remaining write-ins for Line 6 from overflow page	0	0	0	0
0699.	Totals (Lines 0601 thru 0603 plus 0698)(Line 6 above)	0	0	0	0
0901.	Medicare Part C & D	0	0	159,796,998	0
0902.	Stop Loss	0	0	22,160,465	0
0903.	Medicaid	0	0	420,589,314	0
0998.	Summary of remaining write-ins for Line 9 from overflow page	0	0	0	0
0999.	Totals (Lines 0901 thru 0903 plus 0998)(Line 9 above)	0	0	602,546,777	0



ADJUSTMENTS TO THE LIFE, HEALTH & ANNUITY GUARANTY ASSOCIATION MODEL ACT ASSESSMENT BASE RECONCILIATION EXHIBIT

FOR THE YEAR ENDED DECEMBER 31, 2018
(To Be Filed by April 1)

OF THE UnitedHealthcare Insurance Company NAIC COMPANY CODE 79413

DIRECT BUSINESS IN THE STATE OF: Virginia

		1 Life Insurance Premiums	2 Allocated Annuity and Other Allocated Fund Deposits	3 Accident & Health Premium	4 Unallocated Annuity & Other Unallocated Fund Deposits
1.	MODEL ACT BASE (Line 11 of the Reconciliation Exhibit)	2,694,342	0	1,130,358,107	0
	AMOUNTS REQUIRED TO DETERMINE THIS STATE'S ASSESSMENT BASE				
2.	Enter in Column 2, as a positive number, and Column 4, as a negative number, the total of all amounts received to fund allocated contracts established under Section 403(b) of the U.S. Internal Revenue Code that are included in Column 4, Line 1 above	XXX	0	XXX	0
3.	Unallocated funding obligations that do NOT fund government lotteries or employee, union, or association of natural persons benefit plans:				
	3.1 Amounts NOT in excess of $1 million per contract	XXX	XXX	XXX	0
	3.2 All amounts	XXX	XXX	XXX	0
4.	Unallocated funding obligations issued to fund government lotteries or employee, union, or association of natural persons benefit plans which are NOT:				
	(a) governmental retirement plans established under Sections 401, 403(b) or 457 of the U.S. Internal Revenue Code, or				
	(b) protected by the Federal Pension Benefit Guaranty Corporation:				
	4.1 Amounts NOT in excess of $1 million per contract	XXX	XXX	XXX	0
	4.2 Amounts in excess of $1 million but NOT in excess of $5 million per contract	XXX	XXX	XXX	0
	4.3 Amounts in excess of $5 million per contract	XXX	XXX	XXX	0
	4.4 Total (Lines 4.1 + 4.2 + 4.3)	XXX	XXX	XXX	0
	4.5 Amounts up to $7.5 million, per contract (Minnesota only)	XXX	XXX	XXX	0
5.	Unallocated funding obligations issued to fund governmental retirement plans established under Sections 401 and 457 of the U.S. Internal Revenue Code:				
	5.1 Amounts in excess of $1 million per contract	XXX	XXX	XXX	0
	5.2 All amounts	XXX	XXX	XXX	0
	5.3 Amounts in excess of $2 million per contract (New Jersey Only)	XXX	XXX	XXX	0
	5.4 Amounts not in excess of $7.5 million per contract (Minnesota Only)	XXX	XXX	XXX	0
6.	Unallocated funding obligations issued to fund governmental retirement plans established under Sections 403(b) of the U.S. Internal Revenue Code:				
	6.1 Amounts NOT in excess of $1 million per contract	XXX	XXX	XXX	0
	6.2 Amounts in excess of $1 million per contract	XXX	XXX	XXX	0
	6.3 Total (Lines 6.1 + 6.2)	XXX	XXX	XXX	0
	6.4 Amounts in excess of $2 million per contract (New Jersey Only)	XXX	XXX	XXX	0
	6.5 Amounts not in excess of $7.5 million per contract (Minnesota Only)	XXX	XXX	XXX	0
7.	Unallocated funding obligations that fund employee, union, or association of natural persons benefit plans protected by the Federal Pension Benefit Guaranty Corporation:				
	7.1 Amounts NOT in excess of $1 million per contract	XXX	XXX	XXX	0
	7.2 All amounts	XXX	XXX	XXX	0
	7.3 Amounts NOT in excess of $2 million per contract (New Jersey only)	XXX	XXX	XXX	0
8.	Unallocated funding obligations issued to fund government lotteries NOT in excess of $5 million per contractholder (New Jersey Only)	XXX	XXX	XXX	0
9.	Unallocated funding obligations that fund employee or association of natural persons benefit plans in excess of $2 million but NOT in excess of $5 million per contract (New Jersey Only)	XXX	XXX	XXX	0
10.	Aggregate write-ins for other deductions	0	0	0	0
	BASE				
11.	Current Year (2018)	2,694,342	0	1,130,358,107	0
	DETAILS OF WRITE-INS				
1001.					
1002.					
1003.					
1098.	Summary of remaining write-ins for Line 10 from overflow page	0	0	0	0
1099.	Totals (Lines 1001 thru 1003 plus 1098)(Line 10 above)	0	0	0	0



LIFE, HEALTH & ANNUITY GUARANTY ASSOCIATION MODEL ACT ASSESSMENT BASE RECONCILIATION EXHIBIT

FOR THE YEAR ENDED DECEMBER 31, 2018
(To Be Filed by April 1)

OF THE UnitedHealthcare Insurance Company NAIC COMPANY CODE 79413

DIRECT BUSINESS IN THE STATE OF: Washington

	PREMIUMS, CONSIDERATIONS AND DEPOSITS	1 Life Insurance Premiums	2 Annuity Considerations	3 A & H Premiums	4 Deposit-Type Contract Funds and Other Considerations
1.	Premiums, considerations and deposits from Schedule T or Exhibit of Premiums and Losses	1,040,521	0	1,351,491,712	0
2.	Premiums, considerations and deposits NOT reported in Schedule T or Exhibit of Premiums and Losses, including investment contract receipts credited to a liability account	0	0	0	0
	2.1 Contract fees for variable contracts with guarantees	0	0	0	0
	2.2 Any other premiums, considerations and deposits not reported in Schedule T or Exhibit of Premiums and Losses	0	0	0	0
3.	Amounts, if applicable, that were deducted prior to determining amounts included in Lines 1 or 2 which are in the following categories:				
	3.1 Transfers to guaranteed Separate Accounts	0	0	0	0
	3.2 Roll over of GICs or annuities into other companies	0	0	0	0
	3.3 Surrenders or other benefits paid out	0	0	0	0
	3.4 Excess interest credited to accounts	0	0	0	0
	3.5 Aggregate write-ins for other amounts deducted prior to determining amounts included in Lines 1 or 2	0	0	0	0
	3.99 Total (Lines 3.1 through 3.5)	0	0	0	0
4.	Transfers:				
	4.1 Enter in Column 2, as a negative number, and Column 4, as a positive number, the total of all amounts received to fund contracts established under Section 403(b) of the U.S. Internal Revenue Code, that are included in Column 2, Lines 1, 2 and 3.99	0	0	0	0
	4.2 Enter in Column 2, as a positive number, and Column 4, as a negative number, any amounts reported in Column 4, Lines 1, 2 and 3.99 that are allocated. (Note: amounts received to fund contracts established under Section 403(b) of the U.S. Internal Revenue Code, should not be included in line 4.2)	0	0	0	0
	4.3 Enter in Column 4, as a positive number, and Column 2, as a negative number, any amounts reported in Column 2, Lines 1, 2 and 3.99 that are unallocated	0	0	0	0
	4.99 Total (Lines 4.1 + 4.2 + 4.3)	0	0	0	0
5.	Total (Lines 1 + 2 + 3.99 + 4.99)	1,040,521	0	1,351,491,712	0
	DEVELOPMENT OF AMOUNTS INCLUDED IN LINES 1 THROUGH 5 THAT SHOULD BE DEDUCTED IN DETERMINING THE BASE Do not include any amount more than once in Lines 6 through 9				
6.	Aggregate write-ins for amounts where the insurer is not subject to risk. Premiums for portions of policies or contracts NOT guaranteed or under which the entire investment risk is borne by the policyholder. (Please specify such deductions and indicate where such amounts were reported in the Annual Statement)	0	0	0	0
7.	Amounts NOT allocated to individuals or individual certificate holders or amounts received for such contracts in excess of limits:				
	7.1 Unallocated funding obligations that do NOT fund government lotteries or employee, union, or association of natural persons benefit plans	XXX	XXX	XXX	0
	7.2 Unallocated funding obligations that fund any employee, union, or association of natural persons benefit plans protected by the Federal Pension Benefit Guaranty Corporation	XXX	XXX	XXX	0
	7.3 Unallocated funding obligations that fund governmental lotteries or employee, union, or association of natural persons benefit plans in excess of $5 million per contract which are NOT: (a) government retirement plans established under Sections 401, 403(b) or 457 of the U.S. Internal Revenue Code, or (b) protected by the Federal Pension Benefit Guaranty Corporation	XXX	XXX	XXX	0
	7.4 Total (Lines 7.1 + 7.2 + 7.3)	XXX	XXX	XXX	0
8.	Dividends/Experience rating credits paid or credited, but only if NOT guaranteed in advance (include only amounts NOT already deducted in determining Lines 1 and 2)	0	0	0	0
9.	Aggregate write-ins for Other Deductions	0	0	725,506,385	0
10.	Total (Lines 6 + 7.4 + 8 + 9)	0	0	725,506,385	0
	MODEL ACT BASE (Line 5 minus Line 10)				
11.	Current Year	1,040,521	0	625,985,327	0
	DETAILS OF WRITE-INS				
3.501.					
3.502.					
3.503.					
3.598.	Summary of remaining write-ins for Line 3.5 from overflow page	0	0	0	0
3.599.	Totals (Lines 3.501 thru 3.503 plus 3.598)(Line 3.5 above)	0	0	0	0
0601.					
0602.					
0603.					
0698.	Summary of remaining write-ins for Line 6 from overflow page	0	0	0	0
0699.	Totals (Lines 0601 thru 0603 plus 0698)(Line 6 above)	0	0	0	0
0901.	Medicare Part C & D	0	0	712,159,095	0
0902.	Stop Loss	0	0	13,347,290	0
0903.	Medicaid	0	0	0	0
0998.	Summary of remaining write-ins for Line 9 from overflow page	0	0	0	0
0999.	Totals (Lines 0901 thru 0903 plus 0998)(Line 9 above)	0	0	725,506,385	0

7 9 4 1 3 2 0 1 8 3 0 0 4 8 1 0 0

ADJUSTMENTS TO THE LIFE, HEALTH & ANNUITY GUARANTY ASSOCIATION MODEL ACT ASSESSMENT BASE RECONCILIATION EXHIBIT

FOR THE YEAR ENDED DECEMBER 31, 2018
(To Be Filed by April 1)

OF THE UnitedHealthcare Insurance Company NAIC COMPANY CODE 79413

DIRECT BUSINESS IN THE STATE OF: Washington

		1 Life Insurance Premiums	2 Allocated Annuity and Other Allocated Fund Deposits	3 Accident & Health Premium	4 Unallocated Annuity & Other Unallocated Fund Deposits
1.	MODEL ACT BASE (Line 11 of the Reconciliation Exhibit)	1,040,521	0	625,985,327	0
	AMOUNTS REQUIRED TO DETERMINE THIS STATE'S ASSESSMENT BASE				
2.	Enter in Column 2, as a positive number, and Column 4, as a negative number, the total of all amounts received to fund allocated contracts established under Section 403(b) of the U.S. Internal Revenue Code that are included in Column 4, Line 1 above	XXX	0	XXX	0
3.	Unallocated funding obligations that do NOT fund government lotteries or employee, union, or association of natural persons benefit plans:				
	3.1 Amounts NOT in excess of $1 million per contract	XXX	XXX	XXX	0
	3.2 All amounts	XXX	XXX	XXX	0
4.	Unallocated funding obligations issued to fund government lotteries or employee, union, or association of natural persons benefit plans which are NOT:				
	(a) governmental retirement plans established under Sections 401, 403(b) or 457 of the U.S. Internal Revenue Code, or				
	(b) protected by the Federal Pension Benefit Guaranty Corporation:				
	4.1 Amounts NOT in excess of $1 million per contract	XXX	XXX	XXX	0
	4.2 Amounts in excess of $1 million but NOT in excess of $5 million per contract	XXX	XXX	XXX	0
	4.3 Amounts in excess of $5 million per contract	XXX	XXX	XXX	0
	4.4 Total (Lines 4.1 + 4.2 + 4.3)	XXX	XXX	XXX	0
	4.5 Amounts up to $7.5 million, per contract (Minnesota only)	XXX	XXX	XXX	0
5.	Unallocated funding obligations issued to fund governmental retirement plans established under Sections 401 and 457 of the U.S. Internal Revenue Code:				
	5.1 Amounts in excess of $1 million per contract	XXX	XXX	XXX	0
	5.2 All amounts	XXX	XXX	XXX	0
	5.3 Amounts in excess of $2 million per contract (New Jersey Only)	XXX	XXX	XXX	0
	5.4 Amounts not in excess of $7.5 million per contract (Minnesota Only)	XXX	XXX	XXX	0
6.	Unallocated funding obligations issued to fund governmental retirement plans established under Sections 403(b) of the U.S. Internal Revenue Code:				
	6.1 Amounts NOT in excess of $1 million per contract	XXX	XXX	XXX	0
	6.2 Amounts in excess of $1 million per contract	XXX	XXX	XXX	0
	6.3 Total (Lines 6.1 + 6.2)	XXX	XXX	XXX	0
	6.4 Amounts in excess of $2 million per contract (New Jersey Only)	XXX	XXX	XXX	0
	6.5 Amounts not in excess of $7.5 million per contract (Minnesota Only)	XXX	XXX	XXX	0
7.	Unallocated funding obligations that fund employee, union, or association of natural persons benefit plans protected by the Federal Pension Benefit Guaranty Corporation:				
	7.1 Amounts NOT in excess of $1 million per contract	XXX	XXX	XXX	0
	7.2 All amounts	XXX	XXX	XXX	0
	7.3 Amounts NOT in excess of $2 million per contract (New Jersey only)	XXX	XXX	XXX	0
8.	Unallocated funding obligations issued to fund government lotteries NOT in excess of $5 million per contractholder (New Jersey Only)	XXX	XXX	XXX	0
9.	Unallocated funding obligations that fund employee or association of natural persons benefit plans in excess of $2 million but NOT in excess of $5 million per contract (New Jersey Only)	XXX	XXX	XXX	0
10.	Aggregate write-ins for other deductions	0	0	0	0
	BASE				
11.	Current Year (2018)	1,040,521	0	625,985,327	0
	DETAILS OF WRITE-INS				
1001.					
1002.					
1003.					
1098.	Summary of remaining write-ins for Line 10 from overflow page	0	0	0	0
1099.	Totals (Lines 1001 thru 1003 plus 1098)(Line 10 above)	0	0	0	0



LIFE, HEALTH & ANNUITY GUARANTY ASSOCIATION MODEL ACT ASSESSMENT BASE RECONCILIATION EXHIBIT

FOR THE YEAR ENDED DECEMBER 31, 2018
(To Be Filed by April 1)

OF THE UnitedHealthcare Insurance Company NAIC COMPANY CODE 79413

DIRECT BUSINESS IN THE STATE OF: West Virginia

	PREMIUMS, CONSIDERATIONS AND DEPOSITS	1 Life Insurance Premiums	2 Annuity Considerations	3 A & H Premiums	4 Deposit-Type Contract Funds and Other Considerations
1.	Premiums, considerations and deposits from Schedule T or Exhibit of Premiums and Losses	292,262	0	202,635,657	0
2.	Premiums, considerations and deposits NOT reported in Schedule T or Exhibit of Premiums and Losses, including investment contract receipts credited to a liability account	0	0	0	0
	2.1 Contract fees for variable contracts with guarantees	0	0	0	0
	2.2 Any other premiums, considerations and deposits not reported in Schedule T or Exhibit of Premiums and Losses	0	0	0	0
3.	Amounts, if applicable, that were deducted prior to determining amounts included in Lines 1 or 2 which are in the following categories:				
	3.1 Transfers to guaranteed Separate Accounts	0	0	0	0
	3.2 Roll over of GICs or annuities into other companies	0	0	0	0
	3.3 Surrenders or other benefits paid out	0	0	0	0
	3.4 Excess interest credited to accounts	0	0	0	0
	3.5 Aggregate write-ins for other amounts deducted prior to determining amounts included in Lines 1 or 2	0	0	0	0
	3.99 Total (Lines 3.1 through 3.5)	0	0	0	0
4.	Transfers:				
	4.1 Enter in Column 2, as a negative number, and Column 4, as a positive number, the total of all amounts received to fund contracts established under Section 403(b) of the U.S. Internal Revenue Code, that are included in Column 2, Lines 1, 2 and 3.99	0	0	0	0
	4.2 Enter in Column 2, as a positive number, and Column 4, as a negative number, any amounts reported in Column 4, Lines 1, 2 and 3.99 that are allocated. (Note: amounts received to fund contracts established under Section 403(b) of the U.S. Internal Revenue Code, should not be included in line 4.2)	0	0	0	0
	4.3 Enter in Column 4, as a positive number, and Column 2, as a negative number, any amounts reported in Column 2, Lines 1, 2 and 3.99 that are unallocated	0	0	0	0
	4.99 Total (Lines 4.1 + 4.2 + 4.3)	0	0	0	0
5.	Total (Lines 1 + 2 + 3.99 + 4.99)	292,262	0	202,635,657	0
	DEVELOPMENT OF AMOUNTS INCLUDED IN LINES 1 THROUGH 5 THAT SHOULD BE DEDUCTED IN DETERMINING THE BASE Do not include any amount more than once in Lines 6 through 9				
6.	Aggregate write-ins for amounts where the insurer is not subject to risk. Premiums for portions of policies or contracts NOT guaranteed or under which the entire investment risk is borne by the policyholder. (Please specify such deductions and indicate where such amounts were reported in the Annual Statement)	0	0	0	0
7.	Amounts NOT allocated to individuals or individual certificate holders or amounts received for such contracts in excess of limits:				
	7.1 Unallocated funding obligations that do NOT fund government lotteries or employee, union, or association of natural persons benefit plans	XXX	XXX	XXX	0
	7.2 Unallocated funding obligations that fund any employee, union, or association of natural persons benefit plans protected by the Federal Pension Benefit Guaranty Corporation	XXX	XXX	XXX	0
	7.3 Unallocated funding obligations that fund governmental lotteries or employee, union, or association of natural persons benefit plans in excess of $5 million per contract which are NOT: (a) government retirement plans established under Sections 401, 403(b) or 457 of the U.S. Internal Revenue Code, or (b) protected by the Federal Pension Benefit Guaranty Corporation	XXX	XXX	XXX	0
	7.4 Total (Lines 7.1 + 7.2 + 7.3)	XXX	XXX	XXX	0
8.	Dividends/Experience rating credits paid or credited, but only if NOT guaranteed in advance (include only amounts NOT already deducted in determining Lines 1 and 2)	0	0	0	0
9.	Aggregate write-ins for Other Deductions	0	0	36,529,593	0
10.	Total (Lines 6 + 7.4 + 8 + 9)	0	0	36,529,593	0
	MODEL ACT BASE (Line 5 minus Line 10)				
11.	Current Year	292,262	0	166,106,064	0
	DETAILS OF WRITE-INS				
3.501.					
3.502.					
3.503.					
3.598.	Summary of remaining write-ins for Line 3.5 from overflow page	0	0	0	0
3.599.	Totals (Lines 3.501 thru 3.503 plus 3.598)(Line 3.5 above)	0	0	0	0
0601.					
0602.					
0603.					
0698.	Summary of remaining write-ins for Line 6 from overflow page	0	0	0	0
0699.	Totals (Lines 0601 thru 0603 plus 0698)(Line 6 above)	0	0	0	0
0901.	Medicare Part C & D	0	0	34,308,874	0
0902.	Stop Loss	0	0	2,220,719	0
0903.	Medicaid	0	0	0	0
0998.	Summary of remaining write-ins for Line 9 from overflow page	0	0	0	0
0999.	Totals (Lines 0901 thru 0903 plus 0998)(Line 9 above)	0	0	36,529,593	0



ADJUSTMENTS TO THE LIFE, HEALTH & ANNUITY GUARANTY ASSOCIATION MODEL ACT ASSESSMENT BASE RECONCILIATION EXHIBIT

FOR THE YEAR ENDED DECEMBER 31, 2018
(To Be Filed by April 1)

OF THE UnitedHealthcare Insurance Company NAIC COMPANY CODE 79413

DIRECT BUSINESS IN THE STATE OF: West Virginia

		1 Life Insurance Premiums	2 Allocated Annuity and Other Allocated Fund Deposits	3 Accident & Health Premium	4 Unallocated Annuity & Other Unallocated Fund Deposits
1.	MODEL ACT BASE (Line 11 of the Reconciliation Exhibit)	292,262	0	166,106,064	0
	AMOUNTS REQUIRED TO DETERMINE THIS STATE'S ASSESSMENT BASE				
2.	Enter in Column 2, as a positive number, and Column 4, as a negative number, the total of all amounts received to fund allocated contracts established under Section 403(b) of the U.S. Internal Revenue Code that are included in Column 4, Line 1 above	XXX	0	XXX	0
3.	Unallocated funding obligations that do NOT fund government lotteries or employee, union, or association of natural persons benefit plans:				
	3.1 Amounts NOT in excess of $1 million per contract	XXX	XXX	XXX	0
	3.2 All amounts	XXX	XXX	XXX	0
4.	Unallocated funding obligations issued to fund government lotteries or employee, union, or association of natural persons benefit plans which are NOT:				
	(a) governmental retirement plans established under Sections 401, 403(b) or 457 of the U.S. Internal Revenue Code, or				
	(b) protected by the Federal Pension Benefit Guaranty Corporation:				
	4.1 Amounts NOT in excess of $1 million per contract	XXX	XXX	XXX	0
	4.2 Amounts in excess of $1 million but NOT in excess of $5 million per contract	XXX	XXX	XXX	0
	4.3 Amounts in excess of $5 million per contract	XXX	XXX	XXX	0
	4.4 Total (Lines 4.1 + 4.2 + 4.3)	XXX	XXX	XXX	0
	4.5 Amounts up to $7.5 million, per contract (Minnesota only)	XXX	XXX	XXX	0
5.	Unallocated funding obligations issued to fund governmental retirement plans established under Sections 401 and 457 of the U.S. Internal Revenue Code:				
	5.1 Amounts in excess of $1 million per contract	XXX	XXX	XXX	0
	5.2 All amounts	XXX	XXX	XXX	0
	5.3 Amounts in excess of $2 million per contract (New Jersey Only)	XXX	XXX	XXX	0
	5.4 Amounts not in excess of $7.5 million per contract (Minnesota Only)	XXX	XXX	XXX	0
6.	Unallocated funding obligations issued to fund governmental retirement plans established under Sections 403(b) of the U.S. Internal Revenue Code:				
	6.1 Amounts NOT in excess of $1 million per contract	XXX	XXX	XXX	0
	6.2 Amounts in excess of $1 million per contract	XXX	XXX	XXX	0
	6.3 Total (Lines 6.1 + 6.2)	XXX	XXX	XXX	0
	6.4 Amounts in excess of $2 million per contract (New Jersey Only)	XXX	XXX	XXX	0
	6.5 Amounts not in excess of $7.5 million per contract (Minnesota Only)	XXX	XXX	XXX	0
7.	Unallocated funding obligations that fund employee, union, or association of natural persons benefit plans protected by the Federal Pension Benefit Guaranty Corporation:				
	7.1 Amounts NOT in excess of $1 million per contract	XXX	XXX	XXX	0
	7.2 All amounts	XXX	XXX	XXX	0
	7.3 Amounts NOT in excess of $2 million per contract (New Jersey only)	XXX	XXX	XXX	0
8.	Unallocated funding obligations issued to fund government lotteries NOT in excess of $5 million per contractholder (New Jersey Only)	XXX	XXX	XXX	0
9.	Unallocated funding obligations that fund employee or association of natural persons benefit plans in excess of $2 million but NOT in excess of $5 million per contract (New Jersey Only)	XXX	XXX	XXX	0
10.	Aggregate write-ins for other deductions	0	0	0	0
	BASE				
11.	Current Year (2018)	292,262	0	166,106,064	0
	DETAILS OF WRITE-INS				
1001.					
1002.					
1003.					
1098.	Summary of remaining write-ins for Line 10 from overflow page	0	0	0	0
1099.	Totals (Lines 1001 thru 1003 plus 1098)(Line 10 above)	0	0	0	0



LIFE, HEALTH & ANNUITY GUARANTY ASSOCIATION MODEL ACT ASSESSMENT BASE RECONCILIATION EXHIBIT

FOR THE YEAR ENDED DECEMBER 31, 2018
(To Be Filed by April 1)

OF THE UnitedHealthcare Insurance Company NAIC COMPANY CODE 79413

DIRECT BUSINESS IN THE STATE OF: Wisconsin

	PREMIUMS, CONSIDERATIONS AND DEPOSITS	1 Life Insurance Premiums	2 Annuity Considerations	3 A & H Premiums	4 Deposit-Type Contract Funds and Other Considerations
1.	Premiums, considerations and deposits from Schedule T or Exhibit of Premiums and Losses	8,822,954	0	1,178,897,332	0
2.	Premiums, considerations and deposits NOT reported in Schedule T or Exhibit of Premiums and Losses, including investment contract receipts credited to a liability account	0	0	0	0
	2.1 Contract fees for variable contracts with guarantees	0	0	0	0
	2.2 Any other premiums, considerations and deposits not reported in Schedule T or Exhibit of Premiums and Losses	0	0	0	0
3.	Amounts, if applicable, that were deducted prior to determining amounts included in Lines 1 or 2 which are in the following categories:				
	3.1 Transfers to guaranteed Separate Accounts	0	0	0	0
	3.2 Roll over of GICs or annuities into other companies	0	0	0	0
	3.3 Surrenders or other benefits paid out	0	0	0	0
	3.4 Excess interest credited to accounts	0	0	0	0
	3.5 Aggregate write-ins for other amounts deducted prior to determining amounts included in Lines 1 or 2	0	0	0	0
	3.99 Total (Lines 3.1 through 3.5)	0	0	0	0
4.	Transfers:				
	4.1 Enter in Column 2, as a negative number, and Column 4, as a positive number, the total of all amounts received to fund contracts established under Section 403(b) of the U.S. Internal Revenue Code, that are included in Column 2, Lines 1, 2 and 3.99	0	0	0	0
	4.2 Enter in Column 2, as a positive number, and Column 4, as a negative number, any amounts reported in Column 4, Lines 1, 2 and 3.99 that are allocated. (Note: amounts received to fund contracts established under Section 403(b) of the U.S. Internal Revenue Code, should not be included in line 4.2)	0	0	0	0
	4.3 Enter in Column 4, as a positive number, and Column 2, as a negative number, any amounts reported in Column 2, Lines 1, 2 and 3.99 that are unallocated	0	0	0	0
	4.99 Total (Lines 4.1 + 4.2 + 4.3)	0	0	0	0
5.	Total (Lines 1 + 2 + 3.99 + 4.99)	8,822,954	0	1,178,897,332	0
	DEVELOPMENT OF AMOUNTS INCLUDED IN LINES 1 THROUGH 5 THAT SHOULD BE DEDUCTED IN DETERMINING THE BASE Do not include any amount more than once in Lines 6 through 9				
6.	Aggregate write-ins for amounts where the insurer is not subject to risk. Premiums for portions of policies or contracts NOT guaranteed or under which the entire investment risk is borne by the policyholder. (Please specify such deductions and indicate where such amounts were reported in the Annual Statement)	0	0	0	0
7.	Amounts NOT allocated to individuals or individual certificate holders or amounts received for such contracts in excess of limits:				
	7.1 Unallocated funding obligations that do NOT fund government lotteries or employee, union, or association of natural persons benefit plans	XXX	XXX	XXX	0
	7.2 Unallocated funding obligations that fund any employee, union, or association of natural persons benefit plans protected by the Federal Pension Benefit Guaranty Corporation	XXX	XXX	XXX	0
	7.3 Unallocated funding obligations that fund governmental lotteries or employee, union, or association of natural persons benefit plans in excess of $5 million per contract which are NOT: (a) government retirement plans established under Sections 401, 403(b) or 457 of the U.S. Internal Revenue Code, or (b) protected by the Federal Pension Benefit Guaranty Corporation	XXX	XXX	XXX	0
	7.4 Total (Lines 7.1 + 7.2 + 7.3)	XXX	XXX	XXX	0
8.	Dividends/Experience rating credits paid or credited, but only if NOT guaranteed in advance (include only amounts NOT already deducted in determining Lines 1 and 2)	0	0	0	0
9.	Aggregate write-ins for Other Deductions	0	0	54,460,453	0
10.	Total (Lines 6 + 7.4 + 8 + 9)	0	0	54,460,453	0
	MODEL ACT BASE (Line 5 minus Line 10)				
11.	Current Year	8,822,954	0	1,124,436,879	0
	DETAILS OF WRITE-INS				
3.501.					
3.502.					
3.503.					
3.598.	Summary of remaining write-ins for Line 3.5 from overflow page	0	0	0	0
3.599.	Totals (Lines 3.501 thru 3.503 plus 3.598)(Line 3.5 above)	0	0	0	0
0601.					
0602.					
0603.					
0698.	Summary of remaining write-ins for Line 6 from overflow page	0	0	0	0
0699.	Totals (Lines 0601 thru 0603 plus 0698)(Line 6 above)	0	0	0	0
0901.	Medicare Part C & D	0	0	54,460,453	0
0902.	Stop Loss	0	0	0	0
0903.	Medicaid	0	0	0	0
0998.	Summary of remaining write-ins for Line 9 from overflow page	0	0	0	0
0999.	Totals (Lines 0901 thru 0903 plus 0998)(Line 9 above)	0	0	54,460,453	0



ADJUSTMENTS TO THE LIFE, HEALTH & ANNUITY GUARANTY ASSOCIATION MODEL ACT ASSESSMENT BASE RECONCILIATION EXHIBIT

FOR THE YEAR ENDED DECEMBER 31, 2018
(To Be Filed by April 1)

OF THE UnitedHealthcare Insurance Company NAIC COMPANY CODE 79413

DIRECT BUSINESS IN THE STATE OF: Wisconsin

		1 Life Insurance Premiums	2 Allocated Annuity and Other Allocated Fund Deposits	3 Accident & Health Premium	4 Unallocated Annuity & Other Unallocated Fund Deposits
1.	MODEL ACT BASE (Line 11 of the Reconciliation Exhibit)	8,822,954	0	1,124,436,879	0
	AMOUNTS REQUIRED TO DETERMINE THIS STATE'S ASSESSMENT BASE				
2.	Enter in Column 2, as a positive number, and Column 4, as a negative number, the total of all amounts received to fund allocated contracts established under Section 403(b) of the U.S. Internal Revenue Code that are included in Column 4, Line 1 above	XXX	0	XXX	0
3.	Unallocated funding obligations that do NOT fund government lotteries or employee, union, or association of natural persons benefit plans:				
	3.1 Amounts NOT in excess of $1 million per contract	XXX	XXX	XXX	0
	3.2 All amounts	XXX	XXX	XXX	0
4.	Unallocated funding obligations issued to fund government lotteries or employee, union, or association of natural persons benefit plans which are NOT:				
	(a) governmental retirement plans established under Sections 401, 403(b) or 457 of the U.S. Internal Revenue Code, or				
	(b) protected by the Federal Pension Benefit Guaranty Corporation:				
	4.1 Amounts NOT in excess of $1 million per contract	XXX	XXX	XXX	0
	4.2 Amounts in excess of $1 million but NOT in excess of $5 million per contract	XXX	XXX	XXX	0
	4.3 Amounts in excess of $5 million per contract	XXX	XXX	XXX	0
	4.4 Total (Lines 4.1 + 4.2 + 4.3)	XXX	XXX	XXX	0
	4.5 Amounts up to $7.5 million, per contract (Minnesota only)	XXX	XXX	XXX	0
5.	Unallocated funding obligations issued to fund governmental retirement plans established under Sections 401 and 457 of the U.S. Internal Revenue Code:				
	5.1 Amounts in excess of $1 million per contract	XXX	XXX	XXX	0
	5.2 All amounts	XXX	XXX	XXX	0
	5.3 Amounts in excess of $2 million per contract (New Jersey Only)	XXX	XXX	XXX	0
	5.4 Amounts not in excess of $7.5 million per contract (Minnesota Only)	XXX	XXX	XXX	0
6.	Unallocated funding obligations issued to fund governmental retirement plans established under Sections 403(b) of the U.S. Internal Revenue Code:				
	6.1 Amounts NOT in excess of $1 million per contract	XXX	XXX	XXX	0
	6.2 Amounts in excess of $1 million per contract	XXX	XXX	XXX	0
	6.3 Total (Lines 6.1 + 6.2)	XXX	XXX	XXX	0
	6.4 Amounts in excess of $2 million per contract (New Jersey Only)	XXX	XXX	XXX	0
	6.5 Amounts not in excess of $7.5 million per contract (Minnesota Only)	XXX	XXX	XXX	0
7.	Unallocated funding obligations that fund employee, union, or association of natural persons benefit plans protected by the Federal Pension Benefit Guaranty Corporation:				
	7.1 Amounts NOT in excess of $1 million per contract	XXX	XXX	XXX	0
	7.2 All amounts	XXX	XXX	XXX	0
	7.3 Amounts NOT in excess of $2 million per contract (New Jersey only)	XXX	XXX	XXX	0
8.	Unallocated funding obligations issued to fund government lotteries NOT in excess of $5 million per contractholder (New Jersey Only)	XXX	XXX	XXX	0
9.	Unallocated funding obligations that fund employee or association of natural persons benefit plans in excess of $2 million but NOT in excess of $5 million per contract (New Jersey Only)	XXX	XXX	XXX	0
10.	Aggregate write-ins for other deductions	0	0	0	0
	BASE				
11.	Current Year (2018)	8,822,954	0	1,124,436,879	0
	DETAILS OF WRITE-INS				
1001.					
1002.					
1003.					
1098.	Summary of remaining write-ins for Line 10 from overflow page	0	0	0	0
1099.	Totals (Lines 1001 thru 1003 plus 1098)(Line 10 above)	0	0	0	0



LIFE, HEALTH & ANNUITY GUARANTY ASSOCIATION MODEL ACT ASSESSMENT BASE RECONCILIATION EXHIBIT

FOR THE YEAR ENDED DECEMBER 31, 2018
(To Be Filed by April 1)

OF THE UnitedHealthcare Insurance Company NAIC COMPANY CODE 79413

DIRECT BUSINESS IN THE STATE OF: Wyoming

	PREMIUMS, CONSIDERATIONS AND DEPOSITS	1 Life Insurance Premiums	2 Annuity Considerations	3 A & H Premiums	4 Deposit-Type Contract Funds and Other Considerations
1.	Premiums, considerations and deposits from Schedule T or Exhibit of Premiums and Losses	134,143	0	109,700,477	0
2.	Premiums, considerations and deposits NOT reported in Schedule T or Exhibit of Premiums and Losses, including investment contract receipts credited to a liability account	0	0	0	0
	2.1 Contract fees for variable contracts with guarantees	0	0	0	0
	2.2 Any other premiums, considerations and deposits not reported in Schedule T or Exhibit of Premiums and Losses	0	0	0	0
3.	Amounts, if applicable, that were deducted prior to determining amounts included in Lines 1 or 2 which are in the following categories:				
	3.1 Transfers to guaranteed Separate Accounts	0	0	0	0
	3.2 Roll over of GICs or annuities into other companies	0	0	0	0
	3.3 Surrenders or other benefits paid out	0	0	0	0
	3.4 Excess interest credited to accounts	0	0	0	0
	3.5 Aggregate write-ins for other amounts deducted prior to determining amounts included in Lines 1 or 2	0	0	0	0
	3.99 Total (Lines 3.1 through 3.5)	0	0	0	0
4.	Transfers:				
	4.1 Enter in Column 2, as a negative number, and Column 4, as a positive number, the total of all amounts received to fund contracts established under Section 403(b) of the U.S. Internal Revenue Code, that are included in Column 2, Lines 1, 2 and 3.99	0	0	0	0
	4.2 Enter in Column 2, as a positive number, and Column 4, as a negative number, any amounts reported in Column 4, Lines 1, 2 and 3.99 that are allocated. (Note: amounts received to fund contracts established under Section 403(b) of the U.S. Internal Revenue Code, should not be included in line 4.2)	0	0	0	0
	4.3 Enter in Column 4, as a positive number, and Column 2, as a negative number, any amounts reported in Column 2, Lines 1, 2 and 3.99 that are unallocated	0	0	0	0
	4.99 Total (Lines 4.1 + 4.2 + 4.3)	0	0	0	0
5.	Total (Lines 1 + 2 + 3.99 + 4.99)	134,143	0	109,700,477	0
	DEVELOPMENT OF AMOUNTS INCLUDED IN LINES 1 THROUGH 5 THAT SHOULD BE DEDUCTED IN DETERMINING THE BASE Do not include any amount more than once in Lines 6 through 9				
6.	Aggregate write-ins for amounts where the insurer is not subject to risk. Premiums for portions of policies or contracts NOT guaranteed or under which the entire investment risk is borne by the policyholder. (Please specify such deductions and indicate where such amounts were reported in the Annual Statement)	0	0	0	0
7.	Amounts NOT allocated to individuals or individual certificate holders or amounts received for such contracts in excess of limits:				
	7.1 Unallocated funding obligations that do NOT fund government lotteries or employee, union, or association of natural persons benefit plans	XXX	XXX	XXX	0
	7.2 Unallocated funding obligations that fund any employee, union, or association of natural persons benefit plans protected by the Federal Pension Benefit Guaranty Corporation	XXX	XXX	XXX	0
	7.3 Unallocated funding obligations that fund governmental lotteries or employee, union, or association of natural persons benefit plans in excess of $5 million per contract which are NOT: (a) government retirement plans established under Sections 401, 403(b) or 457 of the U.S. Internal Revenue Code, or (b) protected by the Federal Pension Benefit Guaranty Corporation	XXX	XXX	XXX	0
	7.4 Total (Lines 7.1 + 7.2 + 7.3)	XXX	XXX	XXX	0
8.	Dividends/Experience rating credits paid or credited, but only if NOT guaranteed in advance (include only amounts NOT already deducted in determining Lines 1 and 2)	0	0	0	0
9.	Aggregate write-ins for Other Deductions	0	0	26,929,281	0
10.	Total (Lines 6 + 7.4 + 8 + 9)	0	0	26,929,281	0
	MODEL ACT BASE (Line 5 minus Line 10)				
11.	Current Year	134,143	0	82,771,196	0
	DETAILS OF WRITE-INS				
3.501.					
3.502.					
3.503.					
3.598.	Summary of remaining write-ins for Line 3.5 from overflow page	0	0	0	0
3.599.	Totals (Lines 3.501 thru 3.503 plus 3.598)(Line 3.5 above)	0	0	0	0
0601.					
0602.					
0603.					
0698.	Summary of remaining write-ins for Line 6 from overflow page	0	0	0	0
0699.	Totals (Lines 0601 thru 0603 plus 0698)(Line 6 above)	0	0	0	0
0901.	Medicare Part C & D	0	0	25,653,619	0
0902.	Stop Loss	0	0	1,275,662	0
0903.	Medicaid	0	0	0	0
0998.	Summary of remaining write-ins for Line 9 from overflow page	0	0	0	0
0999.	Totals (Lines 0901 thru 0903 plus 0998)(Line 9 above)	0	0	26,929,281	0



ADJUSTMENTS TO THE LIFE, HEALTH & ANNUITY GUARANTY ASSOCIATION MODEL ACT ASSESSMENT BASE RECONCILIATION EXHIBIT

FOR THE YEAR ENDED DECEMBER 31, 2018
(To Be Filed by April 1)

OF THE UnitedHealthcare Insurance Company NAIC COMPANY CODE 79413

DIRECT BUSINESS IN THE STATE OF: Wyoming

		1 Life Insurance Premiums	2 Allocated Annuity and Other Allocated Fund Deposits	3 Accident & Health Premium	4 Unallocated Annuity & Other Unallocated Fund Deposits
1.	MODEL ACT BASE (Line 11 of the Reconciliation Exhibit)	134,143	0	82,771,196	0
	AMOUNTS REQUIRED TO DETERMINE THIS STATE'S ASSESSMENT BASE				
2.	Enter in Column 2, as a positive number, and Column 4, as a negative number, the total of all amounts received to fund allocated contracts established under Section 403(b) of the U.S. Internal Revenue Code that are included in Column 4, Line 1 above	XXX	0	XXX	0
3.	Unallocated funding obligations that do NOT fund government lotteries or employee, union, or association of natural persons benefit plans:				
	3.1 Amounts NOT in excess of $1 million per contract	XXX	XXX	XXX	0
	3.2 All amounts	XXX	XXX	XXX	0
4.	Unallocated funding obligations issued to fund government lotteries or employee, union, or association of natural persons benefit plans which are NOT:				
	(a) governmental retirement plans established under Sections 401, 403(b) or 457 of the U.S. Internal Revenue Code, or				
	(b) protected by the Federal Pension Benefit Guaranty Corporation:				
	4.1 Amounts NOT in excess of $1 million per contract	XXX	XXX	XXX	0
	4.2 Amounts in excess of $1 million but NOT in excess of $5 million per contract	XXX	XXX	XXX	0
	4.3 Amounts in excess of $5 million per contract	XXX	XXX	XXX	0
	4.4 Total (Lines 4.1 + 4.2 + 4.3)	XXX	XXX	XXX	0
	4.5 Amounts up to $7.5 million, per contract (Minnesota only)	XXX	XXX	XXX	0
5.	Unallocated funding obligations issued to fund governmental retirement plans established under Sections 401 and 457 of the U.S. Internal Revenue Code:				
	5.1 Amounts in excess of $1 million per contract	XXX	XXX	XXX	0
	5.2 All amounts	XXX	XXX	XXX	0
	5.3 Amounts in excess of $2 million per contract (New Jersey Only)	XXX	XXX	XXX	0
	5.4 Amounts not in excess of $7.5 million per contract (Minnesota Only)	XXX	XXX	XXX	0
6.	Unallocated funding obligations issued to fund governmental retirement plans established under Sections 403(b) of the U.S. Internal Revenue Code:				
	6.1 Amounts NOT in excess of $1 million per contract	XXX	XXX	XXX	0
	6.2 Amounts in excess of $1 million per contract	XXX	XXX	XXX	0
	6.3 Total (Lines 6.1 + 6.2)	XXX	XXX	XXX	0
	6.4 Amounts in excess of $2 million per contract (New Jersey Only)	XXX	XXX	XXX	0
	6.5 Amounts not in excess of $7.5 million per contract (Minnesota Only)	XXX	XXX	XXX	0
7.	Unallocated funding obligations that fund employee, union, or association of natural persons benefit plans protected by the Federal Pension Benefit Guaranty Corporation:				
	7.1 Amounts NOT in excess of $1 million per contract	XXX	XXX	XXX	0
	7.2 All amounts	XXX	XXX	XXX	0
	7.3 Amounts NOT in excess of $2 million per contract (New Jersey only)	XXX	XXX	XXX	0
8.	Unallocated funding obligations issued to fund government lotteries NOT in excess of $5 million per contractholder (New Jersey Only)	XXX	XXX	XXX	0
9.	Unallocated funding obligations that fund employee or association of natural persons benefit plans in excess of $2 million but NOT in excess of $5 million per contract (New Jersey Only)	XXX	XXX	XXX	0
10.	Aggregate write-ins for other deductions	0	0	0	0
	BASE				
11.	Current Year (2018)	134,143	0	82,771,196	0
	DETAILS OF WRITE-INS				
1001.					
1002.					
1003.					
1098.	Summary of remaining write-ins for Line 10 from overflow page	0	0	0	0
1099.	Totals (Lines 1001 thru 1003 plus 1098)(Line 10 above)	0	0	0	0



LIFE, HEALTH & ANNUITY GUARANTY ASSOCIATION MODEL ACT ASSESSMENT BASE RECONCILIATION EXHIBIT

FOR THE YEAR ENDED DECEMBER 31, 2018
(To Be Filed by April 1)

OF THE UnitedHealthcare Insurance Company NAIC COMPANY CODE 79413

DIRECT BUSINESS IN THE STATE OF: Puerto Rico

	PREMIUMS, CONSIDERATIONS AND DEPOSITS	1 Life Insurance Premiums	2 Annuity Considerations	3 A & H Premiums	4 Deposit-Type Contract Funds and Other Considerations
1.	Premiums, considerations and deposits from Schedule T or Exhibit of Premiums and Losses	32,547	0	15,589,519	0
2.	Premiums, considerations and deposits NOT reported in Schedule T or Exhibit of Premiums and Losses, including investment contract receipts credited to a liability account	0	0	0	0
	2.1 Contract fees for variable contracts with guarantees	0	0	0	0
	2.2 Any other premiums, considerations and deposits not reported in Schedule T or Exhibit of Premiums and Losses	0	0	0	0
3.	Amounts, if applicable, that were deducted prior to determining amounts included in Lines 1 or 2 which are in the following categories:				
	3.1 Transfers to guaranteed Separate Accounts	0	0	0	0
	3.2 Roll over of GICs or annuities into other companies	0	0	0	0
	3.3 Surrenders or other benefits paid out	0	0	0	0
	3.4 Excess interest credited to accounts	0	0	0	0
	3.5 Aggregate write-ins for other amounts deducted prior to determining amounts included in Lines 1 or 2	0	0	0	0
	3.99 Total (Lines 3.1 through 3.5)	0	0	0	0
4.	Transfers:				
	4.1 Enter in Column 2, as a negative number, and Column 4, as a positive number, the total of all amounts received to fund contracts established under Section 403(b) of the U.S. Internal Revenue Code, that are included in Column 2, Lines 1, 2 and 3.99	0	0	0	0
	4.2 Enter in Column 2, as a positive number, and Column 4, as a negative number, any amounts reported in Column 4, Lines 1, 2 and 3.99 that are allocated. (Note: amounts received to fund contracts established under Section 403(b) of the U.S. Internal Revenue Code, should not be included in line 4.2)	0	0	0	0
	4.3 Enter in Column 4, as a positive number, and Column 2, as a negative number, any amounts reported in Column 2, Lines 1, 2 and 3.99 that are unallocated	0	0	0	0
	4.99 Total (Lines 4.1 + 4.2 + 4.3)	0	0	0	0
5.	Total (Lines 1 + 2 + 3.99 + 4.99)	32,547	0	15,589,519	0
	DEVELOPMENT OF AMOUNTS INCLUDED IN LINES 1 THROUGH 5 THAT SHOULD BE DEDUCTED IN DETERMINING THE BASE Do not include any amount more than once in Lines 6 through 9				
6.	Aggregate write-ins for amounts where the insurer is not subject to risk. Premiums for portions of policies or contracts NOT guaranteed or under which the entire investment risk is borne by the policyholder. (Please specify such deductions and indicate where such amounts were reported in the Annual Statement)	0	0	0	0
7.	Amounts NOT allocated to individuals or individual certificate holders or amounts received for such contracts in excess of limits:				
	7.1 Unallocated funding obligations that do NOT fund government lotteries or employee, union, or association of natural persons benefit plans	XXX	XXX	XXX	0
	7.2 Unallocated funding obligations that fund any employee, union, or association of natural persons benefit plans protected by the Federal Pension Benefit Guaranty Corporation	XXX	XXX	XXX	0
	7.3 Unallocated funding obligations that fund governmental lotteries or employee, union, or association of natural persons benefit plans in excess of $5 million per contract which are NOT: (a) government retirement plans established under Sections 401, 403(b) or 457 of the U.S. Internal Revenue Code, or (b) protected by the Federal Pension Benefit Guaranty Corporation	XXX	XXX	XXX	0
	7.4 Total (Lines 7.1 + 7.2 + 7.3)	XXX	XXX	XXX	0
8.	Dividends/Experience rating credits paid or credited, but only if NOT guaranteed in advance (include only amounts NOT already deducted in determining Lines 1 and 2)	0	0	0	0
9.	Aggregate write-ins for Other Deductions	0	0	4,419,378	0
10.	Total (Lines 6 + 7.4 + 8 + 9)	0	0	4,419,378	0
	MODEL ACT BASE (Line 5 minus Line 10)				
11.	Current Year	32,547	0	11,170,141	0
	DETAILS OF WRITE-INS				
3.501.					
3.502.					
3.503.					
3.598.	Summary of remaining write-ins for Line 3.5 from overflow page	0	0	0	0
3.599.	Totals (Lines 3.501 thru 3.503 plus 3.598)(Line 3.5 above)	0	0	0	0
0601.					
0602.					
0603.					
0698.	Summary of remaining write-ins for Line 6 from overflow page	0	0	0	0
0699.	Totals (Lines 0601 thru 0603 plus 0698)(Line 6 above)	0	0	0	0
0901.	Medicare Part C & D	0	0	4,404,600	0
0902.	Stop Loss	0	0	14,778	0
0903.	Medicaid	0	0	0	0
0998.	Summary of remaining write-ins for Line 9 from overflow page	0	0	0	0
0999.	Totals (Lines 0901 thru 0903 plus 0998)(Line 9 above)	0	0	4,419,378	0



ADJUSTMENTS TO THE LIFE, HEALTH & ANNUITY GUARANTY ASSOCIATION MODEL ACT ASSESSMENT BASE RECONCILIATION EXHIBIT

FOR THE YEAR ENDED DECEMBER 31, 2018
(To Be Filed by April 1)

OF THE UnitedHealthcare Insurance Company NAIC COMPANY CODE 79413

DIRECT BUSINESS IN THE STATE OF: Puerto Rico

		1 Life Insurance Premiums	2 Allocated Annuity and Other Allocated Fund Deposits	3 Accident & Health Premium	4 Unallocated Annuity & Other Unallocated Fund Deposits
1.	MODEL ACT BASE (Line 11 of the Reconciliation Exhibit)	32,547	0	11,170,141	0
	AMOUNTS REQUIRED TO DETERMINE THIS STATE'S ASSESSMENT BASE				
2.	Enter in Column 2, as a positive number, and Column 4, as a negative number, the total of all amounts received to fund allocated contracts established under Section 403(b) of the U.S. Internal Revenue Code that are included in Column 4, Line 1 above	XXX	0	XXX	0
3.	Unallocated funding obligations that do NOT fund government lotteries or employee, union, or association of natural persons benefit plans:				
	3.1 Amounts NOT in excess of $1 million per contract	XXX	XXX	XXX	0
	3.2 All amounts	XXX	XXX	XXX	0
4.	Unallocated funding obligations issued to fund government lotteries or employee, union, or association of natural persons benefit plans which are NOT:				
	(a) governmental retirement plans established under Sections 401, 403(b) or 457 of the U.S. Internal Revenue Code, or				
	(b) protected by the Federal Pension Benefit Guaranty Corporation:				
	4.1 Amounts NOT in excess of $1 million per contract	XXX	XXX	XXX	0
	4.2 Amounts in excess of $1 million but NOT in excess of $5 million per contract	XXX	XXX	XXX	0
	4.3 Amounts in excess of $5 million per contract	XXX	XXX	XXX	0
	4.4 Total (Lines 4.1 + 4.2 + 4.3)	XXX	XXX	XXX	0
	4.5 Amounts up to $7.5 million, per contract (Minnesota only)	XXX	XXX	XXX	0
5.	Unallocated funding obligations issued to fund governmental retirement plans established under Sections 401 and 457 of the U.S. Internal Revenue Code:				
	5.1 Amounts in excess of $1 million per contract	XXX	XXX	XXX	0
	5.2 All amounts	XXX	XXX	XXX	0
	5.3 Amounts in excess of $2 million per contract (New Jersey Only)	XXX	XXX	XXX	0
	5.4 Amounts not in excess of $7.5 million per contract (Minnesota Only)	XXX	XXX	XXX	0
6.	Unallocated funding obligations issued to fund governmental retirement plans established under Sections 403(b) of the U.S. Internal Revenue Code:				
	6.1 Amounts NOT in excess of $1 million per contract	XXX	XXX	XXX	0
	6.2 Amounts in excess of $1 million per contract	XXX	XXX	XXX	0
	6.3 Total (Lines 6.1 + 6.2)	XXX	XXX	XXX	0
	6.4 Amounts in excess of $2 million per contract (New Jersey Only)	XXX	XXX	XXX	0
	6.5 Amounts not in excess of $7.5 million per contract (Minnesota Only)	XXX	XXX	XXX	0
7.	Unallocated funding obligations that fund employee, union, or association of natural persons benefit plans protected by the Federal Pension Benefit Guaranty Corporation:				
	7.1 Amounts NOT in excess of $1 million per contract	XXX	XXX	XXX	0
	7.2 All amounts	XXX	XXX	XXX	0
	7.3 Amounts NOT in excess of $2 million per contract (New Jersey only)	XXX	XXX	XXX	0
8.	Unallocated funding obligations issued to fund government lotteries NOT in excess of $5 million per contractholder (New Jersey Only)	XXX	XXX	XXX	0
9.	Unallocated funding obligations that fund employee or association of natural persons benefit plans in excess of $2 million but NOT in excess of $5 million per contract (New Jersey Only)	XXX	XXX	XXX	0
10.	Aggregate write-ins for other deductions	0	0	0	0
	BASE				
11.	Current Year (2018)	32,547	0	11,170,141	0
	DETAILS OF WRITE-INS				
1001.					
1002.					
1003.					
1098.	Summary of remaining write-ins for Line 10 from overflow page	0	0	0	0
1099.	Totals (Lines 1001 thru 1003 plus 1098)(Line 10 above)	0	0	0	0



LIFE, HEALTH & ANNUITY GUARANTY ASSOCIATION MODEL ACT ASSESSMENT BASE RECONCILIATION EXHIBIT

FOR THE YEAR ENDED DECEMBER 31, 2018
(To Be Filed by April 1)

OF THE UnitedHealthcare Insurance Company NAIC COMPANY CODE 79413

DIRECT BUSINESS IN THE STATE OF: Grand Total

	PREMIUMS, CONSIDERATIONS AND DEPOSITS	1 Life Insurance Premiums	2 Annuity Considerations	3 A & H Premiums	4 Deposit-Type Contract Funds and Other Considerations
1.	Premiums, considerations and deposits from Schedule T or Exhibit of Premiums and Losses	139,369,939	0	53,446,560,672	0
2.	Premiums, considerations and deposits NOT reported in Schedule T or Exhibit of Premiums and Losses, including investment contract receipts credited to a liability account	0	0	0	0
	2.1 Contract fees for variable contracts with guarantees	0	0	0	0
	2.2 Any other premiums, considerations and deposits not reported in Schedule T or Exhibit of Premiums and Losses	0	0	0	0
3.	Amounts, if applicable, that were deducted prior to determining amounts included in Lines 1 or 2 which are in the following categories:				
	3.1 Transfers to guaranteed Separate Accounts	0	0	0	0
	3.2 Roll over of GICs or annuities into other companies	0	0	0	0
	3.3 Surrenders or other benefits paid out	0	0	0	0
	3.4 Excess interest credited to accounts	0	0	0	0
	3.5 Aggregate write-ins for other amounts deducted prior to determining amounts included in Lines 1 or 2	0	0	0	0
	3.99 Total (Lines 3.1 through 3.5)	0	0	0	0
4.	Transfers:				
	4.1 Enter in Column 2, as a negative number, and Column 4, as a positive number, the total of all amounts received to fund contracts established under Section 403(b) of the U.S. Internal Revenue Code, that are included in Column 2, Lines 1, 2 and 3.99	0	0	0	0
	4.2 Enter in Column 2, as a positive number, and Column 4, as a negative number, any amounts reported in Column 4, Lines 1, 2 and 3.99 that are allocated. (Note: amounts received to fund contracts established under Section 403(b) of the U.S. Internal Revenue Code, should not be included in line 4.2)	0	0	0	0
	4.3 Enter in Column 4, as a positive number, and Column 2, as a negative number, any amounts reported in Column 2, Lines 1, 2 and 3.99 that are unallocated	0	0	0	0
	4.99 Total (Lines 4.1 + 4.2 + 4.3)	0	0	0	0
5.	Total (Lines 1 + 2 + 3.99 + 4.99)	139,369,939	0	53,446,560,672	0
	DEVELOPMENT OF AMOUNTS INCLUDED IN LINES 1 THROUGH 5 THAT SHOULD BE DEDUCTED IN DETERMINING THE BASE Do not include any amount more than once in Lines 6 through 9				
6.	Aggregate write-ins for amounts where the insurer is not subject to risk. Premiums for portions of policies or contracts NOT guaranteed or under which the entire investment risk is borne by the policyholder. (Please specify such deductions and indicate where such amounts were reported in the Annual Statement)	0	0	0	0
7.	Amounts NOT allocated to individuals or individual certificate holders or amounts received for such contracts in excess of limits:				
	7.1 Unallocated funding obligations that do NOT fund government lotteries or employee, union, or association of natural persons benefit plans	XXX	XXX	XXX	0
	7.2 Unallocated funding obligations that fund any employee, union, or association of natural persons benefit plans protected by the Federal Pension Benefit Guaranty Corporation	XXX	XXX	XXX	0
	7.3 Unallocated funding obligations that fund governmental lotteries or employee, union, or association of natural persons benefit plans in excess of $5 million per contract which are NOT: (a) government retirement plans established under Sections 401, 403(b) or 457 of the U.S. Internal Revenue Code, or (b) protected by the Federal Pension Benefit Guaranty Corporation	XXX	XXX	XXX	0
	7.4 Total (Lines 7.1 + 7.2 + 7.3)	XXX	XXX	XXX	0
8.	Dividends/Experience rating credits paid or credited, but only if NOT guaranteed in advance (include only amounts NOT already deducted in determining Lines 1 and 2)	0	0	0	0
9.	Aggregate write-ins for Other Deductions	0	0	17,052,231,941	0
10.	Total (Lines 6 + 7.4 + 8 + 9)	0	0	17,052,231,941	0
	MODEL ACT BASE (Line 5 minus Line 10)				
11.	Current Year	139,369,939	0	36,394,328,731	0
	DETAILS OF WRITE-INS				
3.501.					
3.502.					
3.503.					
3.598.	Summary of remaining write-ins for Line 3.5 from overflow page	0	0	0	0
3.599.	Totals (Lines 3.501 thru 3.503 plus 3.598)(Line 3.5 above)	0	0	0	0
0601.					
0602.					
0603.					
0698.	Summary of remaining write-ins for Line 6 from overflow page	0	0	0	0
0699.	Totals (Lines 0601 thru 0603 plus 0698)(Line 6 above)	0	0	0	0
0901.	Stop Loss	0	0	659,294,996	0
0902.	Medicare Part C & D	0	0	14,737,389,597	0
0903.	Medicaid	0	0	1,655,547,348	0
0998.	Summary of remaining write-ins for Line 9 from overflow page	0	0	0	0
0999.	Totals (Lines 0901 thru 0903 plus 0998)(Line 9 above)	0	0	17,052,231,941	0

SUPPLEMENT FOR THE YEAR 2018 OF THE UnitedHealthcare Insurance Company

LONG-TERM CARE EXPERIENCE REPORTING FORM 1
ACTUAL VS. EXPECTED CLAIMS AND PERSISTENCY

REPORTING YEAR 2018

NAIC Group Code 0707 (To Be Filed By April 1) NAIC Company Code 79413

	1 Earned Premiums	2 Incurred Claims	3 Valuation Expected Incurred Claims	4 Actual to Expected Incurred Claims	5 Open Claim Count	6 New Claim Count	7 Lives Inforce End of Year	8 Expected Lives Inforce End of Year	9 Actual to Expected Lives Inforce
A. Individual									
Comprehensive:									
1. Current	13,963	0	0	0.0	0	0	11	11	100.0
2. Prior	14,078	0	0	0.0	0	0	11	11	100.0
3. 2nd Prior	14,078	0	0	0.0	0	0	12	12	100.0
4. 3rd Prior	16,238	0	0	0.0	0	0	11	11	100.0
5. 4th Prior	14,171	0	0	0.0	0	0	12	12	100.0
6. 5th Prior	15,547	0	0	0.0	0	0	12	12	100.0
7. Form Inception-to-Date	142,406	0	0	0.0	0	0	111	111	100.0
8. Total Inception-to-Date	123,209	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX
Institutional Only:									
9. Current	0	0	0	0.0	0	0	0	0	0.0
10. Prior	0	0	0	0.0	0	0	0	0	0.0
11. 2nd Prior	0	0	0	0.0	0	0	0	0	0.0
12. 3rd Prior	0	0	0	0.0	0	0	0	0	0.0
13. 4th Prior	0	0	0	0.0	0	0	0	0	0.0
14. 5th Prior	0	0	0	0.0	0	0	0	0	0.0
15. Form Inception-to-Date	0	0	0	0.0	0	0	0	0	0.0
16. Total Inception-to-Date	0	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX
Non-Institutional Only:									
17. Current	0	0	0	0.0	0	0	0	0	0.0
18. Prior	0	0	0	0.0	0	0	0	0	0.0
19. 2nd Prior	0	0	0	0.0	0	0	0	0	0.0
20. 3rd Prior	0	0	0	0.0	0	0	0	0	0.0
21. 4th Prior	0	0	0	0.0	0	0	0	0	0.0
22. 5th Prior	0	0	0	0.0	0	0	0	0	0.0
23. Form Inception-to-Date	0	0	0	0.0	0	0	0	0	0.0
24. Total Inception-to-Date	0	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX
B. Group									
Comprehensive:									
1. Current	0	0	0	0.0	0	0	0	0	0.0
2. Prior	0	0	0	0.0	0	0	0	0	0.0
3. 2nd Prior	0	0	0	0.0	0	0	0	0	0.0
4. 3rd Prior	0	0	0	0.0	0	0	0	0	0.0
5. 4th Prior	0	0	0	0.0	0	0	0	0	0.0
6. 5th Prior	0	0	0	0.0	0	0	0	0	0.0
7. Form Inception-to-Date	0	0	0	0.0	0	0	0	0	0.0
8. Total Inception-to-Date	0	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX
Institutional Only:									
9. Current	0	0	0	0.0	0	0	0	0	0.0
10. Prior	0	0	0	0.0	0	0	0	0	0.0
11. 2nd Prior	0	0	0	0.0	0	0	0	0	0.0
12. 3rd Prior	0	0	0	0.0	0	0	0	0	0.0
13. 4th Prior	0	0	0	0.0	0	0	0	0	0.0
14. 5th Prior	0	0	0	0.0	0	0	0	0	0.0
15. Form Inception-to-Date	0	0	0	0.0	0	0	0	0	0.0
16. Total Inception-to-Date	0	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX
Non-Institutional Only:									
17. Current	0	0	0	0.0	0	0	0	0	0.0
18. Prior	0	0	0	0.0	0	0	0	0	0.0
19. 2nd Prior	0	0	0	0.0	0	0	0	0	0.0
20. 3rd Prior	0	0	0	0.0	0	0	0	0	0.0
21. 4th Prior	0	0	0	0.0	0	0	0	0	0.0
22. 5th Prior	0	0	0	0.0	0	0	0	0	0.0
23. Form Inception-to-Date	0	0	0	0.0	0	0	0	0	0.0
24. Total Inception-to-Date	0	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX
C. Summary									
7. Form Inception-to-Date	142,406	0	0	0.0	0	0	111	111	100.0
8. Total Inception-to-Date	123,209	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX

SUPPLEMENT FOR THE YEAR 2018 OF THE UnitedHealthcare Insurance Company

LONG-TERM CARE EXPERIENCE REPORTING FORM 2
EXPERIENCE RESERVE VS. REPORTED RESERVE BY CALENDAR YEAR

REPORTING YEAR 2018

(To Be Filed By April 1)

NAIC Group Code 0707 NAIC Company Code 79413

Reporting Year	1 Policy Form	2 First Year Issue	3 Last Year Issue	4 Earned Premiums	5 Incurred Claims	6 Loss Ratio	7 Annual Net/ Annual Gross Premiums	8 Current Year Net Premiums	9 Inforce Count Beginning of Year	10 New Issues Current Year	11 Inforce Count End of Year	12 Persistency Rate	13 Experience Policy Reserves	14 Reported Policy Reserves	15 Experience/ Reported Ratio
A. Individual															
1. Current	LTC POL 1010 IL AND STC POL 1000 IL	2008		1,813	0	0.0	0.0	0	1	0	0	0.000	0	0	0.0
2. Prior	LTC POL 1010 IL AND STC POL 1000 IL	2008		1,836	0	0.0	0.0	0	1	0	0	0.000	0	0	0.0
3. 2nd Prior	LTC POL 1010 IL AND STC POL 1000 IL	2008		2,976	0	0.0	0.0	0	1	0	0	0.000	0	0	0.0
1. Current	LTC POL 1010 OH AND STC POL 1000 OH	2008		5,907	0	0.0	0.0	0	5	0	0	0.000	0	0	0.0
2. Prior	LTC POL 1010 OH AND STC POL 1000 OH	2008		6,737	0	0.0	0.0	0	6	0	0	0.000	0	0	0.0
3. 2nd Prior	LTC POL 1010 OH AND STC POL 1000 OH	2008		7,298	0	0.0	0.0	0	6	0	0	0.000	0	0	0.0
1. Current	LTC POL 1010 WI AND STC POL 1000 WI	2009		6,243	0	0.0	0.0	0	5	0	0	0.000	0	0	0.0
2. Prior	LTC POL 1010 WI AND STC POL 1000 WI	2009		5,505	0	0.0	0.0	0	5	0	0	0.000	0	0	0.0
3. 2nd Prior	LTC POL 1010 WI AND STC POL 1000 WI	2009		5,963	0	0.0	0.0	0	4	0	0	0.000	0	0	0.0
B. Group															
1. Current															
2. Prior															
3. 2nd Prior															
1. Current															
2. Prior															
3. 2nd Prior															
1. Current															
2. Prior															
3. 2nd Prior															
C. Summary															
1. Total Current - Individual				13,963	0	XXX	XXX	0	11	0	0	XXX	0	0	XXX
2. Total Prior - Individual				14,078	0	XXX	XXX	0	12	0	0	XXX	0	0	XXX
3. Total 2nd Prior - Individual				16,237	0	XXX	XXX	0	11	0	0	XXX	0	0	XXX
4. Total Current - Group				0	0	XXX	XXX	0	0	0	0	XXX	0	0	XXX
5. Total Prior - Group				0	0	XXX	XXX	0	0	0	0	XXX	0	0	XXX
6. 2nd Prior - Group				0	0	XXX	XXX	0	0	0	0	XXX	0	0	XXX
7. Current Year Total				13,963	0	0.0	0.0	0	11	0	0	0.000	0	0	0.0

SUPPLEMENT FOR THE YEAR 2018 OF THE UnitedHealthcare Insurance Company

LONG-TERM CARE EXPERIENCE REPORTING FORM 3
LTC EXPERIENCE DEVELOPMENT ($000 OMITTED)

REPORTING YEAR 2018

(To Be Filed By April 1)

NAIC Group Code 0707 NAIC Company Code 79413

NONE

Incurred Year	1 2011	2 2012	3 2013	4 2014	5 2015	6 2016	7 2017	8 2018
A. Individual								
PART 1 - Total Direct and Assumed Amount Paid Policyholders								
1. Prior								
2. 2011								
3. 2012	XXX							
4. 2013	XXX	XXX						
5. 2014	XXX	XXX	XXX					
6. 2015	XXX	XXX	XXX	XXX				
7. 2016	XXX	XXX	XXX	XXX	XXX			
8. 2017	XXX	XXX	XXX	XXX	XXX	XXX		
9. 2018	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
PART 2 - Sum of Total Amount Paid Policyholders and Claim Liability and Reserve Outstanding at End of Year								
1. Prior	36	36	0	0	0	0	0	0
2. 2011	0	0	0	0	0	0	0	0
3. 2012	XXX	1	0	0	0	0	0	0
4. 2013	XXX	XXX	0	0	0	0	0	0
5. 2014	XXX	XXX	XXX	0	0	0	0	0
6. 2015	XXX	XXX	XXX	XXX	0	0	0	0
7. 2016	XXX	XXX	XXX	XXX	XXX	0	0	0
8. 2017	XXX	XXX	XXX	XXX	XXX	XXX	0	0
9. 2018	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0
PART 3 - Transferred Reserves								
1. Prior								
2. 2011								
3. 2012	XXX							
4. 2013	XXX	XXX						
5. 2014	XXX	XXX	XXX					
6. 2015	XXX	XXX	XXX	XXX				
7. 2016	XXX	XXX	XXX	XXX	XXX			
8. 2017	XXX	XXX	XXX	XXX	XXX	XXX		
9. 2018	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
PART 4 - Present Value of Incurred Claims								
1. Prior	0	0	(36)	(36)	(36)	(35)	(1)	0
2. 2011	0	0	0	0	0	0	0	0
3. 2012	XXX	1	0	0	0	0	0	0
4. 2013	XXX	XXX	0	0	0	0	0	0
5. 2014	XXX	XXX	XXX	0	0	0	0	0
6. 2015	XXX	XXX	XXX	XXX	0	0	0	0
7. 2016	XXX	XXX	XXX	XXX	XXX	0	0	0
8. 2017	XXX	XXX	XXX	XXX	XXX	XXX	0	0
9. 2018	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0

Long-Term Care Experience Reporting Form 3 - Group - Part 1

N O N E

Long-Term Care Experience Reporting Form 3 - Group - Part 2

N O N E

Long-Term Care Experience Reporting Form 3 - Group - Part 3

N O N E

Long-Term Care Experience Reporting Form 3 - Group - Part 4

N O N E

LONG-TERM CARE EXPERIENCE REPORTING FORM 3 (continued)
LTC EXPERIENCE DEVELOPMENT ($000 OMITTED)

C. Summary

PART 1 - Total (Direct and Transferred) Amount Paid Policyholders

Incurred Year	1 2011	2 2012	3 2013	4 2014	5 2015	6 2016	7 2017	8 2018
1. Prior								
2. 2011								
3. 2012	XXX							
4. 2013	XXX	XXX						
5. 2014	XXX	XXX	XXX					
6. 2015	XXX	XXX	XXX	XXX				
7. 2016	XXX	XXX	XXX	XXX	XXX			
8. 2017	XXX	XXX	XXX	XXX	XXX	XXX		
9. 2018	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

NONE

PART 2 - Sum of Total Amount Paid Policyholders and Claim Liability and Reserve Outstanding at End of Year

1. Prior	36	36	0	0	0	0	0	0
2. 2011	0	0	0	0	0	0	0	0
3. 2012	XXX	1	0	0	0	0	0	0
4. 2013	XXX	XXX	0	0	0	0	0	0
5. 2014	XXX	XXX	XXX	0	0	0	0	0
6. 2015	XXX	XXX	XXX	XXX	0	0	0	0
7. 2016	XXX	XXX	XXX	XXX	XXX	0	0	0
8. 2017	XXX	XXX	XXX	XXX	XXX	XXX	0	0
9. 2018	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0

PART 3 - Transferred Reserves

1. Prior								
2. 2011								
3. 2012	XXX							
4. 2013	XXX	XXX						
5. 2014	XXX	XXX	XXX					
6. 2015	XXX	XXX	XXX	XXX				
7. 2016	XXX	XXX	XXX	XXX	XXX			
8. 2017	XXX	XXX	XXX	XXX	XXX	XXX		
9. 2018	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

NONE

PART 4 - Present Value of Incurred Claims

1. Prior	0	0	(36)	(36)	(36)	(35)	(1)	0
2. 2011	0	0	0	0	0	0	0	0
3. 2012	XXX	1	0	0	0	0	0	0
4. 2013	XXX	XXX	0	0	0	0	0	0
5. 2014	XXX	XXX	XXX	0	0	0	0	0
6. 2015	XXX	XXX	XXX	XXX	0	0	0	0
7. 2016	XXX	XXX	XXX	XXX	XXX	0	0	0
8. 2017	XXX	XXX	XXX	XXX	XXX	XXX	0	0
9. 2018	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0

LONG-TERM CARE EXPERIENCE REPORTING FORM 4
LIFE AND ANNUITY PRODUCTS WITH LTC ACCELERATED BENEFITS

REPORTING YEAR 2018

(To Be Filed By April 1)

NAIC Group Code 0707 NAIC Company Code 79413

Incurred Year	1 Number of Policies In Force	2 Number of Certificates	3 Death Claims	4 LTC Accelerated Claims	5 Total Reserves
A. Individual					
1. Current					
2. Prior					
3. 2nd Prior					
B. Group					
1. Current					
2. Prior					
3. 2nd Prior					
C. Summary					
1. Total Inception-to-Date					

NONE

Total Reserves are reserves for these particular life products with LTC accelerated benefits.
Incurred claims are only the policies that claims have been triggered due to acceleration.

SUPPLEMENT FOR THE YEAR 2018 OF THE UnitedHealthcare Insurance Company

LONG-TERM CARE EXPERIENCE REPORTING FORM 5
EXPERIENCE IN THE STATE OF Illinois

REPORTING YEAR 2018

(To Be Filed By April 1)

NAIC Group Code 0707 NAIC Company Code 79413

		1 Earned Premiums	2 Incurred Claims	3 Inforce Count End of Year	4 Lives Inforce End of Year
1.	Individual	1,813	0	1	1
2.	Group	0	0	0	0
3.	Total	1,813	0	1	1
4.	Actual total reported experience through prior year	17,623	14,941	XXX	XXX
5.	Actual total reported experience through statement year	19,436	14,941	XXX	XXX

SUPPLEMENT FOR THE YEAR 2018 OF THE UnitedHealthcare Insurance Company

LONG-TERM CARE EXPERIENCE REPORTING FORM 5
EXPERIENCE IN THE STATE OF Ohio

REPORTING YEAR 2018

(To Be Filed By April 1)

NAIC Group Code 0707

NAIC Company Code 79413

		1 Earned Premiums	2 Incurred Claims	3 Inforce Count End of Year	4 Lives Inforce End of Year
1.	Individual	5,907	0	5	5
2.	Group	0	0	0	0
3.	Total	5,907	0	5	5
4.	Actual total reported experience through prior year	48,593	38,079	XXX	XXX
5.	Actual total reported experience through statement year	54,500	38,079	XXX	XXX

SUPPLEMENT FOR THE YEAR 2018 OF THE UnitedHealthcare Insurance Company

LONG-TERM CARE EXPERIENCE REPORTING FORM 5
EXPERIENCE IN THE STATE OF Wisconsin

REPORTING YEAR 2018

(To Be Filed By April 1)

NAIC Group Code 0707 NAIC Company Code 79413

		1 Earned Premiums	2 Incurred Claims	3 Inforce Count End of Year	4 Lives Inforce End of Year
1.	Individual	6,243	0	5	5
2.	Group	0	0	0	0
3.	Total	6,243	0	5	5
4.	Actual total reported experience through prior year	40,249	34,131	XXX	XXX
5.	Actual total reported experience through statement year	46,492	34,131	XXX	XXX

SUPPLEMENT FOR THE YEAR 2018 OF THE UnitedHealthcare Insurance Company

LONG-TERM CARE EXPERIENCE REPORTING FORM 5
EXPERIENCE IN THE STATE OF Grand Total

REPORTING YEAR 2018

(To Be Filed By April 1)

NAIC Group Code 0707 NAIC Company Code 79413

		1 Earned Premiums	2 Incurred Claims	3 Inforce Count End of Year	4 Lives Inforce End of Year
1.	Individual	13,963	0	11	11
2.	Group	0	0	0	0
3.	Total	13,963	0	11	11
4.	Actual total reported experience through prior year	106,465	87,151	XXX	XXX
5.	Actual total reported experience through statement year	120,428	87,151	XXX	XXX